

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90007 009 ****61.25

0039527

DOCUMENT # N96000001790

1. Entity Name

OCEAN BREEZE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1330 W 29 STREET
 MIAMI FL 33140
 US

1330 W 29 STREET
 MIAMI FL 33140
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2040325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOLEDO, RICHARD
100 W BISCAYNE BLVD
STE 2000
MIAMI FL 33132

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Richard Toledo

03/02/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BELKOV, RAPHAEL	
STREET ADDRESS	815 W. DILIDO DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, EDWARD	
STREET ADDRESS	9300 W. BAY HARBOR DR, #2A	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SINE, DAVID	
STREET ADDRESS	935 4TH ST	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul Scolieri	
STREET ADDRESS	1330 W. 29 Street	
CITY-ST-ZIP	Miami Beach, Florida 33139	
TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD G TOLEDO	
STREET ADDRESS	100 W. BISCAYNE BLVD #2000	
CITY-ST-ZIP	Miami, Florida 33132	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ari Abramovitz	
STREET ADDRESS	4741 Altan Road	
CITY-ST-ZIP	Miami Beach, Florida 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard Toledo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/02/2001

CR2E037 (10/00)