

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90470 012 ****70.00

DOCUMENT # NA6000001790

1. Entity Name
OCEAN BREEZE CONDOMINIUM, INC.

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80069039

| | | | |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------|-----------------------|
| 2. Principal Place of Business <u>c/o Paul Scolieri-Rothberg</u> Suite, Apt. #, etc. <u>1330 W. 29 Street</u> | | 3. Mailing Address <u>1330 W. 29 Street</u> Suite, Apt. #, etc. | |
| City & State <u>Miami Beach FL.</u> | | City & State <u>Miami Beach FL.</u> | |
| Zip <u>33140</u> | Country <u>U.S.A.</u> | Zip <u>33140</u> | Country <u>USA</u> |

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|--------------------------------------------------------------------------------------------------------------|----|-------------------------------|
| 4. FEI Number <u>59-2040325</u> | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| 7. Name and Address of Current Registered Agent | | |
| Name <u>Richard G. Toledo, Esq.</u> | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>21 Southeast First Avenue</u> <u>Tenth Floor</u> | | |
| City <u>Miami</u> | FL | Zip Code <u>33131</u> |

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IN THIS SPACE**

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 RICHARD G. TOLEDO 4/8/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| FEE IS \$61.25 Initial or Amended UBR | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>P.D.T</u> <u>Paul Scolieri-Rothberg</u> <u>1330 W. 29 Street</u> <u>Miami Beach, FL. 33139</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>V.P.D</u> <u>Richard G. Toledo, Esq.</u> <u>21 Southeast First Avenue, Tenth Floor</u> <u>Miami, Florida 33131</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>S.D</u> <u>Avi Abramovitz</u> <u>4741 Alton Road</u> <u>Miami Beach, FL.</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Toledo, V. Pres. 4/8/02 (305) 577-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #