

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-03-2003 90033 008 ****61.25

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DOCUMENT # **N96000001790**

1. Entity Name

OCEAN BREEZE CONDOMINIUM, INC.



Principal Place of Business

**C/O PAUL SCOLIERI-ROTHBERG
1330 W. 29 STREET
MIAMI FL 33140
US**

Mailing Address

**C/O PAUL SCOLIERI-ROTHBERG
1330 W. 29 STREET
MIAMI FL 33140
US**

55051630



2. Principal Place of Business

334 WASHINGTON AVE

3. Mailing Address

1521 ALTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

122

CHECK HERE IF MAKING CHANGES

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number **59-2040325**

Applied For

Not Applicable

Zip

33139

Country

DADE

Zip

33139

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOLEDO, RICHARD G ESQ
21 SOUTHEAST FIRST AVENUE
TENTH FLOOR
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **ANNA DIAZ**

Street Address (P.O. Box Number is Not Acceptable)
1521 ALTON ROAD #122

City **MIAMI BEACH**

FL

Zip Code **33139**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anna Diaz

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> Delete
NAME	SCOLIERI, PAUL R	
STREET ADDRESS	1330 W 29 STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	TOLEDO, RICHARD G ESQ	
STREET ADDRESS	100 NORTH BISCAYNE BLVD #2600	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABRAMOUIZ, ARI	
STREET ADDRESS	4741 ALTAN ROAD	
CITY-ST-ZIP	MIAMI FL 33141	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	LENE GIOIA JR (PDT)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	1521 ALTON ROAD #122		
STREET ADDRESS	MIAMI BEACH FL 33139		
CITY-ST-ZIP			
TITLE	ARTHUR PORTO PINES (VPD)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	1521 ALTON ROAD #122		
STREET ADDRESS	MIAMI BEACH FL 33139		
CITY-ST-ZIP			
TITLE	JOAO PAULO PINES (SD)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	1521 ALTON ROAD #122		
STREET ADDRESS	MIAMI BEACH FL 33139		
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			
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)(f), 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: *Anna Diaz*

7/14/03

305 604 1903

CR2E037 (4/03)