

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008407

1. Entity Name  
OCEAN ADVENTURES, INC.

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90232 037 \*\*\*150.00

Principal Place of Business  
16107 OPAL CREEK DRIVE  
FORT LAUDERDALE FL 33331

Mailing Address  
16107 OPAL CREEK DRIVE  
FORT LAUDERDALE FL 33331

80127164



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0978047

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRINGALI, FRANCESCO  
16107 OPAL CREEK DRIVE  
FORT LAUDERDALE FL 33331

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
TRINGALI, FRANCESCO  
16107 OPAL CREEK DRIVE  
FORT LAUDERDALE FL 33331 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Francesco Tringali*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 954 389-0654  
Date Daytime Phone #

CR2E034 (9/01)

Attachment # P00000008407

B0187164

June 17, 2002

Ocean Adventures, Inc.  
16107 Opal Creek Drive  
Weston, Florida 33331  
954 389-0654  
FEI # 65-0978047

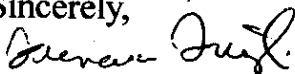
Division of Corporations  
Uniform Business Report  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam,

Please find our 2002 report and payment enclosed. We were just made aware that we had not filed our 2002 report and payment. It was misfiled as paid in April. It was an honest mistake and we ask that the penalty be waived as we have always paid our accounts on time. We defer to your judgment.

Thank you for your consideration.

Sincerely,

  
Francesco Tringali