

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90494 001 ***158.75
 05-23-2001 90494 002 ****35.00

DOCUMENT # **P00000017544**
 1. Entity Name
OCEANSTAR, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
2201 N. OCEAN BLVD. **6984 NW 8ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
FT. LAUDERDALE, FL **MARGATE, FL**
 Zip Country Zip Country
33305 **USA** **33063** **USA**

4. FEI Number Applied For
65-0983916 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

73503

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SPIEGEL, UTREIRA P.A.
343 ALHAMBRA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **PETER MINKA**
 Street Address (P.O. Box Number is Not Acceptable)
6984 NW 8ST
 City **MARGATE** FL Zip Code **33063**

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 **PETER MINKA** **5/14/01**
 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. ☒ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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

TITLE	PRESIDENT	☐ Delete
NAME	JAN MURKIN	
STREET ADDRESS	2201 N. OCEAN BLVD	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE	VICEPRESIDENT	☐ Delete
NAME	PETER MINKA	
STREET ADDRESS	6984 NW 8ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TREASURER	☐ Delete
NAME	PETER MINKA	
STREET ADDRESS	6984 NW 8ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SECRETARY	☐ Delete
NAME	PETER MINKA	
STREET ADDRESS	6984 NW 8ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	DIRECTOR	☐ Delete
NAME	JACQUILA MINKA	
STREET ADDRESS	6984 NW 8ST	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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 lines empowered.
 SIGNATURE: **PETER MINKA VP** **5/14/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)

Attachment
~~#P00000017544~~

73501

73503

SYSTEMATION, INC..

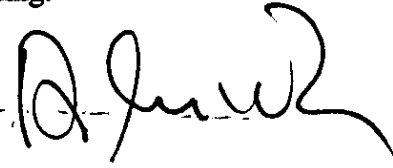
6984 NW 8St., Margate FL 33063 1-954-917-4415 Ph/Fax

Sir,

find enclosed Uniform Business Report (UBR) and a check for \$158.75 also is included a form change of registered agent and check for \$35.00

I had to requested the forms by Internet web page and I was told by phone from your representatives that the penalty fee of \$400.00 is waived since I have not received the preprinted form in time to meet the deadline for 5/1/2001 filing.

Thank you- Peter Minka, Pres.



file:UBR02

Attachment
#P0000001754
73501
73503

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0501, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OCEANSTAR, INC.

2. The mailing address of the corporation: 6984 NW 8 ST
MARGATE, FL 33063

3. Date of incorporation/qualification: 2/10/00 Document number: P00000017544

4. The name and address of the current registered agent and office:

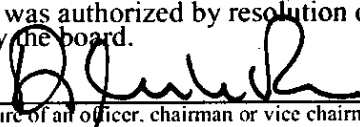
SPIEGEL UTREKA P.A.
343 ALMERIA AVE
CORAL GABLES, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

PETER MINKA
6984 NW 8 ST
MARGATE, FL 33063

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

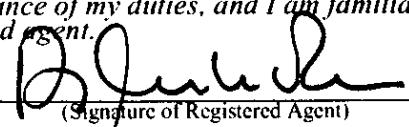

(Signature of an officer, chairman or vice chairman of the board)

5/14/01
(Date)

PETER MINKA VP

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.


(Signature of Registered Agent)

5/14/01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***