## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P0000064507 1. Entity Name WINGS ON THE OCEAN REALTY, INC. 01-25-2001 90182 034 \*\*\*150.00 Principal Place of Business Mailing Address 1980 SOUTH OCEAN DRIVE 1980 SOUTH OCEAN DRIVE HALLANDALE BEACH FL 33009 HALLANDALE BEACH FL 33009 2. Principal Place of Business 3. Mailing Address <u> Aame</u> same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1021706 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name same. MORENO, ALICIA S Street Address (P.O. Box Number is Not Acceptable) 1980 SOUTH OCEAN DRIVE HALLANDALE BEACH FL 33009 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD ☐ Change ☐ Addition ☐ Delete TITLE TITLE MORENO, ALICIA S NAME NAME STREET ADDRESS STREET ADDRESS 1980 SOUTH OCEAN DRIVE, #21G CITY-ST-ZIP CITY-ST-ZIP HALLANDALE BEACH FL 33009 VICE President Addition TITLE Delete TITLE Pena NAME MORENO, ANTONIO Martha 5860 SW 55T STREET ADDRESS 1980 SOUTH OCEAN DRIVE, #21G STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP HALLANDALE BEACH FL 33009 Treasurer. TITLE Delete TITLE Antonio Moreno 1980 S. Ocean Dr # 216 NAME NAME STREET ADDRESS STREET ADDRESS Hallandale Beach FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAMÉ NAME

13. I hereby certify that the information supplied with this filling 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, which the impowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Olicia S. Morence President
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-01 954)456-7701

**FILED** 

Daytime Phone #