

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90175 050 ***150.00

DOCUMENT # P00000069438

1. Entity Name

101 SOUTH OCEAN EXECUTIVE CORP.

Principal Place of Business

C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

Mailing Address

C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

2. Principal Place of Business

3440 HOLLYWOOD BLVD

3. Mailing Address

3440 HOLLYWOOD BLVD



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

360

Suite, Apt. #, etc.

360

City & State

Hollywood, FL

City & State

Hollywood, FL

4. FEI Number

05-1035873

Applied For

Not Applicable

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, LEONARDO A. ESQ.
C/O ROTH, ROUSSO & BENJAMIN, P.A.
9350 SOUTH DIXIE HWY. PH 2
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ROTH, LEONARDO A. ESQ

Street Address (P.O. Box Number is Not Acceptable)

3440 HOLLYWOOD BLVD, SUITE 360
City Hollywood FL Zip Code 33021

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 re-registering)

DATE

Leonardo A. Roth, Esq. 4-18-01

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FEE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST
NAME LEVY, MOISES
STREET ADDRESS C/O ROTH, ROUSSO & BENJAMIN, P.A.
CITY-ST-ZIP MIAMI FL 33156TITLE VPD
NAME LEVY, MOISES
STREET ADDRESS C/O ROTH, ROUSSO & BENJAMIN, P.A.
CITY-ST-ZIP MIAMI FL 33156TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME LEVY, MOISES
STREET ADDRESS C/O ROTH, ROUSSO & BENJAMIN, P.A.
CITY-ST-ZIP 3440 HOLLYWOOD BLVD, SUITE 360
HOLLYWOOD, FL 33021TITLE VPD
NAME LEVY, MOISES
STREET ADDRESS C/O ROTH, ROUSSO & BENJAMIN, P.A.
CITY-ST-ZIP 3440 HOLLYWOOD BLVD, SUITE 360
HOLLYWOOD, FL 33021TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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)(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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MOISES LEVY (PST) 4/4/01

954-322-4280