

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90034 007 ***150.00

DOCUMENT # P00000086331

1. Entity Name

Oceana Spa Corp.

Principal Place of Business

Mailing Address

1110 Brickell Ave.
 Suite 602
 Miami, FL 33131-3137

1110 Brickell Ave.
 Suite 602
 Miami, FL 33131-3137

2. Principal Place of Business

3. Mailing Address

4822 N.W. 167th St.

4822 N.W. 167th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1038454

Applied For

Not Applicable

Zip

33014-6426

Country

U.S.A.

Zip

33014-6426

Country

U.S.A.

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

Gonzalez, Carlos J.
 1110 Brickell Ave., Suite 602
 Miami, FL 33178-3708

Name

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

10730 N.W. 66th St., Apt. 305

City

Miami, FL

FL

Zip Code

33178-3708

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|------------------------|---------------------------------|---------------------------------|
| TITLE | D/P | <input type="checkbox"/> Delete |
| NAME | Gonzalez, Carlos J. | |
| STREET ADDRESS | 10730 N.W. 66th St., Apt. 305 | |
| CITY - ST - ZIP | Miami, FL 33178-3708 | |
| TITLE | D/T/S | <input type="checkbox"/> Delete |
| NAME | Ayala, Jorge A. | |
| STREET ADDRESS | 13921 S.W. 122nd Ave., Apt. 104 | |
| CITY - ST - ZIP | Miami, FL 33186 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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|------------------------|--|---|
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| 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)(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 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:

Carlos J. Gonzalez

305-474-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #