

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90070 016 ***150.00

DOCUMENT # P00000095102

1. Entity Name

OCEANIC RESTAURANT EQUIPMENT SUPPLY, INC.

Principal Place of Business

1540 FRANKLIN ST.
TAMPA FL 33602

Mailing Address

1540 FRANKLIN ST.
TAMPA FL 33602

975835

2. Principal Place of Business

1540 FRANKLIN ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMPA

City & State

Zip

FL 33602

Country

Zip

Country

4. FEI Number **59-3675906**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOON, CHAN
4809-B EHRlich RD.
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name **TAK CHIN CHOI**

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

1609 N. Tampa ST

City **Tampa**

FL

Zip Code

33602

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]
TAK CHIN CHOI (DIRECTOR)

5/1/01

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

TITLE **D** ☐ Delete
NAME **CHOY, CHAN C**
STREET ADDRESS **4809-B EHRlich RD.**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **TAK CHIN CHOI (D)** ☐ Delete
NAME **408 ROYAL PALM WAY**
STREET ADDRESS **TAMPA, FL 33629**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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STREET ADDRESS
CITY-ST-ZIP

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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)(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:

[Signature]
TAK CHIN CHOI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

5/1/01

Date

(813) 228-8110

Daytime Phone #

CR2E034 (10/00)