

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91621 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029419

1. Entity Name

OCEANVIEW DESIGNING, INC.

Principal Place of Business

5066 MARINA CIRCLE
 BOCA RATON FL 33486

Mailing Address

5066 MARINA CIRCLE
 BOCA RATON FL 33486

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1087331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OPPIZZI, ALICIA
 5066 MARINA CIRCLE
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name: JOSE OPPIZZI

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

5066 MARINA CIRCLE

City: BOCA RATON

FL

Zip Code: 33486

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PRESIDENT	ALICIA OPPIZZI	5066 MARINA CIR	BOCA RATON FL 33486	☐
SECRETARY	JOSE OPPIZZI	5066 MARINA CIR	BOCA RATON FL 33486	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20-2002 361-3619129

Date

Daytime Phone #

CR2E034 (9/01)