

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 03, 2002 8:00 am
Secretary of State

02-11-2002 90016 044 ***150.00
09-03-2002 90163 026 ***585.00

DOCUMENT # P010000062843

1. Entity Name

OCEANVIEW CLUB MANAGER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1320 So. Dixie Highway **3. Mailing Address** 1320 So. Dixie Highway

Suite, Apt. #, etc. Suite 781 Suite, Apt. #, etc. Suite 781

City & State Miami, Florida **City & State** Miami, Florida

Zip 33160 **Country** U.S.A. **Zip** 33146 **Country** U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1115817 **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name SKRLD, INC.
Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA Circle
Suite Suite 1102
City Coral Gables **FL** **Zip Code** 33160

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 By: Oscar R. Rivera Vice President **DATE** 8/29/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ALLEN R. GREENWALD 1320 So. Dixie Highway #781 Miami, Florida 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02 (305) 667-4856
Date Daytime Phone

CR2E034B (12/01)