

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

APPROVED
AND
FILED

DOCUMENT # P01000092956

1. Entity Name

OCCALIES, INC

02 SEP 21 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

600008163186--7

-10/03/02--01001--005

****158.75 ****158.75

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
243 OCEAN TERRACE

3. Mailing Address

6163 MIAMI LAKES DR East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach FL

City & State
MIAMI LAKES FL

4. FEI Number

91-2170129

Applied For

Not Applicable

Zip
33480

Country
USA

Zip
33014

Country
USA

5. Certificate of Status Desired ☒

\$8.75 00000000
0000 000000

7. Name and Address of Current Registered Agent

Name

EDWARD GARCIA, INC

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

6163 MIAMI LAKES Drive East

City
MIAMI LAKES

FL

Zip Code
33014

**DO NOT WRITE
IN THIS SPACE**

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)

9/20/02

DATE

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 \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 000000
0000000000

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President Director
ROBIN LANDAU
243 OCEAN TERRACE
PALM BEACH FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034B (12/01)

6163 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014
Tel 305-823-9292 - Fax 305-824-0703

ASSOCIATED TAX CONSULTANTS, INC.

September 20, 2002

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O.BOX 1500
TALLAHASSEE, FL 32302-1500

REF: ANNUAL REPORT: YEAR 2002
OCALIES, INC.
DOC # P01000092956

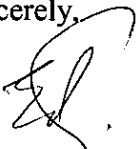
Dear Tyrome,

AS PER OUR CONVERSATION, WE NEVER RECEIVED AN ANNUAL REPORT
DUE TO A WRONG MAILING ADDRESS. PLEASE NOTE THE NEW MAILING
ADDRESS IN ATTACHED ANNUAL REPORT "MAILING ADDRESS" ON ANNUAL
REPORT FORM AS PER YOUR INSTRUCTIONS.

WE ARE REPECTFULLY REQUESTING THAT THE DIVISION OF
CORPORATIONS ACCEPT THE \$ 150.00 IN PAYMENT OF THE ANNUAL
REPORT AND \$ 8.75 FOR CERTIFICATE OF STATUS AS REQUESTED.

THANKING YOU IN ADVANCE FOR YOUR UTMOST CONSIDERATION.

Sincerely,



Edward Garcia, BBA, EA
PRESIDENT

EDWARD GARCIA, INC.
REGISTERED AGENT

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OCCALIES INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 SEP 24 AM 11:02
DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS
TALLAHASSEE, FLORIDA

Examiner's Initials