

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90577 038 \*\*\*150.00

**DOCUMENT # P01000102555**

1. Entity Name  
**OST ENTERPRISES, INC.**

Principal Place of Business  
**2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR**  
**NORTH MIAMI BEACH FL 33180**

Mailing Address  
**2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR**  
**NORTH MIAMI BEACH FL 33180**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SUPRASKI, LOUIS A ESQ**  
**2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR**  
**NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state 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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROCA, OPHELIA A		STREET ADDRESS		
CITY-ST-ZIP	2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR		CITY-ST-ZIP		
	NORTH MIAMI BEACH FL 33180				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DVS ROCA, JUAN		STREET ADDRESS		
CITY-ST-ZIP	2450 N.E. MIAMI GARDENS DRIVE SECOND FLOOR		CITY-ST-ZIP		
	NORTH MIAMI BEACH FL 33180				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(l), 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: Opheia A. Roca **RECEIVED** January 7, 2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)