

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

DOCUMENT # **P01000108962**

1. Entity Name

Ocean VISTA HOTEL, INC.

P0100018962

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 048 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4308 El Mar Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 480211

Suite, Apt. #, etc.

City & State

Lauderdale-by-the-Sea, FL

Zip **33308**

Country **USA**

Broward County

City & State

Ft. Lauderdale, FL

Zip **33308**

Country **USA**

Broward

4. FEI Number

30-0059783

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

May, Meacham + Davell - Mr. Robert Meacham

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

Bank of America Tower, Suite 2602

One Financial Plaza

City

Ft. Lauderdale

FL

Zip Code

33304

**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 agent and title if applicable.

(NOT: 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) ☐

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRES.	D
NAME	VICTORIA COLE	
STREET ADDRESS	P.O. Box 480211	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE	V. Pres.	D.
NAME	KENNETH O. COLE	
STREET ADDRESS	P.O. Box 480211	
CITY-ST-ZIP	Ft. Lauderdale, FL 33308	
TITLE		
NAME		
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CITY-ST-ZIP	

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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:

VICTORIA COLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER TO BE DIRECTOR

4/16/02
Date

954-493-5297
Daytime Phone #