

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

04 AUG 11 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000118259

1. Entity Name

Ocean Drive Clothing, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1065 Lyontree Street

3. Mailing Address
1065 Lyontree Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, Florida

City & State
Hollywood, Florida

4. FEI Number

30-0012985

Applied For

Not Applicable

Zip
33019

Country
US

Zip
33019

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Dekel Svorai

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

1065 Lyontree Street

City Hollywood, Florida

FL

Zip Code

33019

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

08/09/2004

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
Dekel Svorai
1065 Lyontree St.
Hollywood, Florida 33019

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

800040251208
08/17/04--01059--005 **\$61.25

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dekel Svorai

08/09/2004

Date

954-472-3124

Daytime Phone #

CR2E034B (12/02)