

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

192

FILED

05 JUN -3 AM 10:31

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

STATEMENT 03-05

DOCUMENT # P02000008180

1. Entity Name

Ocean Drive Travel and Tours, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7710 Collins Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Zip

33141

Country

US

Zip

Country

SP

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0005214

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Frank Cornelisse

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

7710 Collins Ave

City Miami Beach

FL

Zip Code

33141

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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.

000055970830

06/09/05--01035--005 **458.75

SIGNATURE

(Signature, name and address of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when retreating)

DATE

January 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

B. Election Campaign Financing

☐ Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Frank Cornelisse
STREET ADDRESS	7710 Collins Ave
CITY-STATE-ZIP	Miami Beach FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
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TITLE	
NAME	
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CITY-STATE-ZIP	

DO NOT WRITE
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 printed name of signing officer or director)

06/02/05

Exempted From F

CR2E034B (12/02)

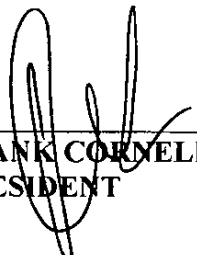
292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003-2005 or any other notice from the Division of Corporations in respect with the Corporation, **OCEAN DRIVE TRAVEL AND TOURS, INC.**

Thank you for your courtesy in this matter.



FRANK CORNELISSE
PRESIDENT