

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 035 ***150.00

DOCUMENT # P02000118911

1. Entity Name
OCEAN CAFE & MARKET, INC.



Principal Place of Business
1241 VAN BUREN STREET
HOLLYWOOD, FL 33019 US

Mailing Address
1241 VAN BUREN STREET
HOLLYWOOD, FL 33019 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
707 N. BOARDWALK

City & State
HOLLYWOOD, FLORIDA

Zip
33019

Country
U.S.A



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
57-1136267

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

6. Name and Address of Current Registered Agent
DIXON, JEANNAE R
1510 NORTH DIXIE HIGHWAY
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name **JHARNA KHAN**
Street Address (P.O. Box Number is Not Acceptable)
10245
LA REINA ROAD
City **DELRAY BEACH** FL Zip Code **33442**

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 ☒ *Jharna Khan* (NOTE: Registered Agent Signature required when resigning) DATE **4/28/03**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANIEL, VLADISLAV Y 1241 VAN BUREN STREET HOLLYWOOD, FL 33019 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP JHARNA KHAN 10245 LA REINA ROAD DELRAY BEACH, FL-33442 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENDELSON, MICHAEL A 1101 NORTH 14TH AVENUE HOLLYWOOD, FL 33020 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SALMA REZA 6575 RACQUET CLUB DRIVE LAUDERHILL, FL-33319-0000 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/28/03** TELEPHONE **954-854-7724**

CR2034 (10/02)