

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90462 050 ***150.00

DOCUMENT # P19261

1. Entity Name

OCEANIQUE CORPORATION

Principal Place of Business

**2105 HWY A1A
INDIAN HARBOUR BCH FL 32937**

Mailing Address

**2105 HWY A1A
INDIAN HARBOUR BCH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2486054**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FISCH, ESQ., RALPH
11 ALSTON RD
PB GARDENS FL 33418**

Name

Mark S. Fisch, Esq.

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

631 U. S. Hwy One

Suite 411

City

North Palm Beach

FL

Zip Code

33408

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 registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PD** ☐ Delete
NAME **FORE, BARBARA**
STREET ADDRESS **2105 HWY A1A**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937**

TITLE **Secy** ☐ Change ☒ Addition
NAME **Fisch, Mark S.**
STREET ADDRESS **813 Dogwood Rd.**
CITY-ST-ZIP **North Palm Beach, Fla 33408**

TITLE **SD** ☒ Delete
NAME **FISCH, RALPH**
STREET ADDRESS **11 ALSTON RD.**
CITY-ST-ZIP **PB GARDENS FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☒ Delete
NAME **MISHAAN, RICHARD**
STREET ADDRESS **27 E. 22 ST.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☒ Delete
NAME **VEALE, WILLIAM J**
STREET ADDRESS **153 E. 61ST ST**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-01

Date

407-777-6512

Daytime Phone #

CR2E034 (10/00)