

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000004496

1. Entity Name

EAST OCEAN REALTY, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90091 032 \*\*\*150.00

Principal Place of Business 121 EAST OCEAN AVENUE LANTANA FL 33462	Mailing Address 121 EAST OCEAN AVENUE LANTANA FL 33462-3205
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2. Principal Place of Business 120 East Ocean Avenue Suite, Apt. #, etc.	3. Mailing Address 120 East Ocean Avenue Suite, Apt. #, etc.
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City & State Lantana, FL	City & State Lantana, FL
Zip 33462	Zip 33462
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0379498	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALSARA, DIANE 121 EAST OCEAN AVENUE LANTANA FL 33462	
7. Name and Address of New Registered Agent Name: BALSARA, DIANE Street Address (P.O. Box Number is Not Acceptable): 120 East Ocean Avenue City: Lantana FL Zip Code: 33462	

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: Diane Balsara DATE: 1-21-2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P BALSARA, DIANE 1026 N. ATLANTIC DR. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Diane Balsara DATE: 1/21/00 361-547-9995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)