

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90007 007 ***150.00

DOCUMENT # P93000030234

1. Entity Name

OCEAN TRADE INTERNATIONAL, INC.

Principal Place of Business

9600 SW 25TH STREET
 SUITE #7C
 MIAMI FL 33172
 US

Mailing Address

9600 SW 25TH STREET
 SUITE #7C
 MIAMI FL 33172
 US

0 2 1 0 0 1

2. Principal Place of Business

9600 SW 25 STREET

3. Mailing Address

Same

Suite, Apt. #, etc.

SUITE 7C

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

USA

Zip

33172

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0414265

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

BLANCO, ANA
 3766 SW 133RD PLACE
 MIAMI FL 33175

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P	<input type="checkbox"/> Delete
NAME	BLANCO, JAMIE	
STREET ADDRESS	15552 SW 48TH STREET	3744 SW 133 R
CITY-ST-ZIP	MIAMI FL 33185	MIAMI, FL 33175
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLANCO, ANA M	
STREET ADDRESS	15552 SW 48TH ST	3744 SW 133 R
CITY-ST-ZIP	MIAMI FL 33185	MIAMI, FL 33175
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ANA BLANCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/17/01

Daytime Phone #

305-477-7736

CR2E034 (10/00)