

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056061

1. Entity Name

OCEANIA INTERIORS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90075 013 ***150.00

Principal Place of Business

Mailing Address

16400 COLLINS AVE
 MIAMI BEACH FL 33160
 US

16400 COLLINS AVE
 MIAMI BEACH FL 33160-4564
 US

2. Principal Place of Business

3. Mailing Address

16445 COLLINS AVE
 Suite, Apt. #, etc.

16445 COLLINS AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIAMI BEACH, FL

City & State
 MIAMI BEACH, FL

4. FEI Number
 65-0432587

Applied For
 Not Applicable

Zip
 33160

Country

Zip
 33160

Country

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

PANKOW, GERALD
 16445 COLLINS AVE
 MIAMI BEACH FL 33160

Name
 GERTI KLEIKAMP

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

16445 COLLINS AVE

City
 MIAMI BEACH FL

Zip Code
 33160

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/00

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, 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
 PSD
 KLEIKAMP, GERTI
 16400 COLLINS AVE
 MIAMI BEACH FL Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 16445 COLLINS AVE
 MIAMI BEACH, FL 33160 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 PANKOW, GERALD
 16400 COLLINS AVE
 MIAMI BEACH FL 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
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 STREET ADDRESS
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 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

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

4/14/00

Date

3059492278

Daytime Phone #

CR2E034 (9/99)