2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 79400053383 Mar 27, 2000 8:00 am 1. Entity Name OCEAN VIEW RENTAL APRRTMENTS, INC. **Secretary of State** 03-27-2000 90095 026 ***150.00 Principal Place of Business Mailing Address P.O. BOX 85228 2809 N. 46 AVE. APT E-654 HALLANDALE, FL 33708 HOLLYLOUD, FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0511492 Not Applicat Ζp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name al. J Address of Current Registered Agent Name AGNEL WHITEHOUSE Street Address (P.O. Box Number is Not Acceptable) 2808 N. 46 AVE. APT. E-654 HOLLYWOOD, FL 33308 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 DATE Signature, typed or printed name of registered agent and bite if applicable(NOTE. Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS.\$150.00 10. Election Campaign Financing \$5.00 May Be-Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete EUGENE LIHITEHOUSE NAME 2808 N. 46 AUF. STREET ADDRESS STREET ADDRESS LYLIUSO, FL 33708 CITY-ST-ZIP CITY-ST-ZIP ☐ Adde Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addit Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addit Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addit Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addit [] Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 direction 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 changed, or on an attachment with an address with all other little and address with a little and address with all other little and address with a little and addre

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: