## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**



Jan 13, 2003 8:00 am Secretary of State
01-13-2003 90092 016 \*\*\*150.00

**FILED** 

DOCOMENT#	<b>F94000003303</b>
<ol> <li>Entity Name</li> </ol>	
OOFARI MENAL DERITAL	ADADTRACKITO INIO

OCEAN \	/IEW RENTAL APARTMENT	S, INC.			0.7.10 2000 9000	010 10		
Principal Place 2808 N. 46 AV APT. E654 HOLLYWOOD	HALLANDALE FL 33009				- - - 1881/1881 (18 1811) Bioli Boin Abin Abin Abin Abin Abin Abin Abin Ab			
2. Principal P	Place of Business to Ave	3. Mailing Address						
Suite, Apt	Suite, Apt. #, etc.  Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Hollyu	rood FL	City & State		4	65-0511492	N	pplied For ot Applicable	
Zip FL	.33021 3 45A	33021	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6., Name and Address of Current	Registered Agent		7	. Name and Address of New Registe	red Agent		
WHITEHO	use, Eugene		Name £		las Jovanovic			
2808 N. 4	6 AVE		Street Ad	dress (P.O	. Box Number is Not Acceptable)			
APT E654			17	SE	24th Ave		····	
HOLLYWOOD FL 33021			City <b>P</b>	CityPampano Beach FL Zip Code 33062				
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed printed name of registered agent.		E: Registered Agent signature		1-8	-63 ATE		
After Make Check	ILE NOW!!! FEE IS \$150.00  May 1, 2003 Fee will be \$550.00  Payable to Florida Department of				Election Campaign Financing     Trust Fund Contribution.	, , , , , , , , , , , , , , , , , , ,	00 May Be d to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS		S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITEHOUSE, EUGENE 2808 N. 46 AVE APT. 3654 HOLLYWOOD FL 33021	☐ Delete	NAME STREET ADDRESS	2806	Ettouse, Eugene N. 46th Ave #D Wood FL 3302	X1 Change 644	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Ethouse, Agnes N. 46th Ave #D- wood FC 3300	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	erinaga ( restructional de la composition della	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ग्गाप</del> ्		☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Zu

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

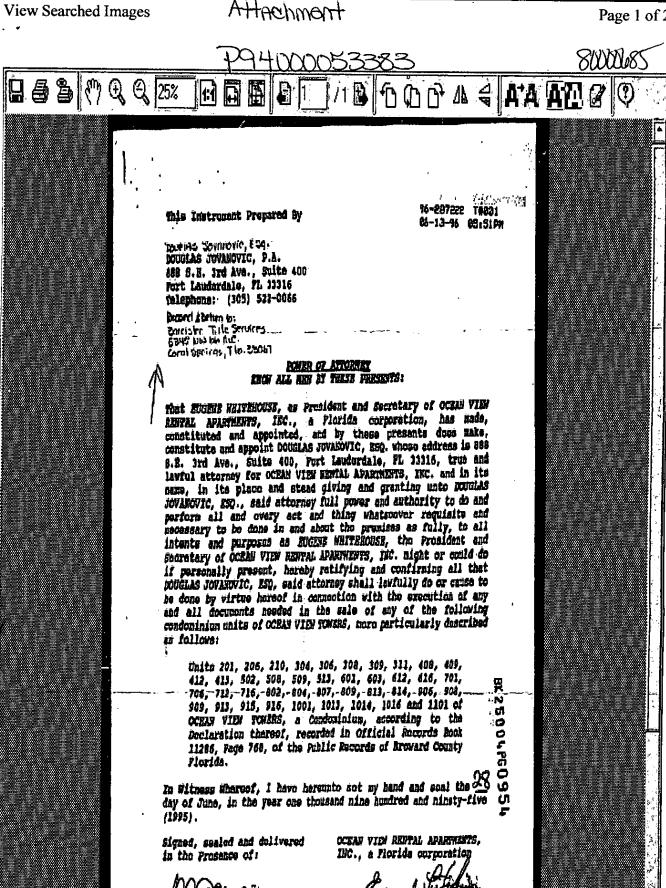
CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition



<u>intos Hamas Madoleine Duhales</u>

Margaret Jovenovic

President