

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90031 011 \*\*\*150.00

**DOCUMENT # P94000055173**

1. Entity Name

OE, INC.

Principal Place of Business

401 BISCAYNE BLVD  
STE 232  
MIAMI FL 33132  
US

Mailing Address

9 ISLAND AVE. NO. 609  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

11900 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

608

City & State

City & State  
MIAMI, FL

4. FEI Number

65-0508202

Applied For

Not Applicable

Zip

Country

Zip

33181

Country

USA

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

ELLIS, GLORIA  
9 ISLAND AVE. NO. 609  
MIAMI BEACH FL 33139

Name ELLIS, GLORIA

Street Address (P.O. Box Number is Not Acceptable)  
11900 BISCAYNE BLVD #608

City MIAMI

FL

Zip Code  
33181

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

*Gloria Ellis* GLORIA ELLIS PRESIDENT

3/29/02

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, 2002 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 PTD  
NAME ELLIS, GLORIA  
STREET ADDRESS 9 ISLAND AVE. NO. 609  
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE PTD  
NAME ELLIS, GLORIA  
STREET ADDRESS 11900 BISCAYNE BLVD #608  
CITY-ST-ZIP MIAMI, FL 33181 ☒ Change ☐ Addition

TITLE VPSD  
NAME ELLIS, SCOTT E.  
STREET ADDRESS 9 ISLAND AVE. NO. 609  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE VPSD  
NAME ELLIS, SCOTT  
STREET ADDRESS 11900 BISCAYNE BLVD #608  
CITY-ST-ZIP MIAMI, FL 33181 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Gloria Ellis* SIGNATURE REQUIRED SIGNATURE ELLIS

3/29/02 305 892 4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)