

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90359 050 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002840

1. Entity Name
OCEAN GROOVE CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2450 NE Miami Gardens Dr.

3. Mailing Address

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

No. Miami Beach, FL

City & State

4. FEI Number

65-0564045

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Louis A. Supraski

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

2450 NE Miami Gardens Drive

2nd Floor

City

No. Miami Beach

FL

Zip **33180**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
Louis A. Supraski
2450 NE Miami Gardens Drive,
2nd Fl.
No. Miami Beach, FL 33180**

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all of which I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

(305) 792-0060

Date

Daytime Phone #

CR2E034B (12/01)