

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-17-2000 90908 024 ***150.00

5/17/1

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024498
Entity Name

OCEAN GIFTS, INC

Principal Place of Business

Mailing Address

4001 A1A Beach Blvd. 4001 A1A Beach Blvd.
St. Augustine Beach, FL St. Augustine Bch, FL
32084 32084

Principal Place of Business

3. Mailing Address

4001 A1A Beach Blvd. 4001 A1A Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

St. Augustine, FL St. Augustine, FL

4. FEI Number

Applied For

Not Applicable

Zip

32084

Country

Zip

32084

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

Name

Eizik Ben Tov

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

4001 A1A Beach Blvd.

City St. Augustine

FL

Zip Code
32084Avital, Daniel
4001 A1A Beach Blvd.
St. Augustine, FL 32084

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 renewing)

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
AND MAY 1, 2000 Fee will be \$650.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Avital, Daniel 4001 A1A Beach Blvd. St. Augustine, FL 32084 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Eizik Ben Tov 4001 A1A Beach Blvd. St. Augustine, FL 32084 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Avital, Shula 4001 A1A Beach Blvd. St. Augustine, FL 32084 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Rachel Pilo 4001 A1A Beach Blvd. St. Augustine, FL 32084 ☐ 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

CR2034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

EIZIK Ben Tov

04-21-00

Date

904-4616818

Daytime Phone #