

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024498

1. Entity Name

OCEAN GIFTS, INC

AMENDED

Principal Place of Business

4001 A1A Beach Blvd.

St. Augustine, FL 32084

Mailing Address

4001 A1A Beach Blvd.

St. Augustine, FL 32084

2. Principal Place of Business

4001 A1A Beach Blvd.

3. Mailing Address

4001 A1A Beach Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

59-3324424

Applied For

Not Applicable

Zip

32084

Country

St Johns

Zip

32084

Country

St. Johns

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Eizik, Beh Tov

4001 A1A Beach Blvd,

St. Augustine, FL 32084

7. Name and Address of New Registered Agent

Name

Avital, Daniel

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

4001 A1A Beach Blvd.

City

St. Augustine,

FL

Zip Code

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

EIZIK BEH TOV

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

100003523871--5  
-04/04/01-01099--003

\*\*\*\*\*61.25 \*\*\*\*\*61.25

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, 2000 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

TITLE PTD ☒ Delete  
NAME Eizik Beh Tov  
STREET ADDRESS 4001 A1A S. St. Augustine, FL  
CITY-ST-ZIP

TITLE VSD ☒ Delete  
NAME Rachel Pilo  
STREET ADDRESS 4001 A1A S.  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Change ☒ Addition  
NAME Avital, Daniel  
STREET ADDRESS 4001 A1A S. St. Augustine, FL 32084  
CITY-ST-ZIP

TITLE VSD ☐ Change ☒ Addition  
NAME Avital, Shula  
STREET ADDRESS 4001 A1A S.  
CITY-ST-ZIP St. Augustine, FL 32084

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Avital

Date

Daytime Phone #

12-19-00

904/461-6818

FILED

00 DEC 27 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/99)