

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024498

1. Entity Name
OCEAN GIFTS, INC.

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90198 050 ***150.00

Principal Place of Business 400 A1A BEACH BLVD ST. AUGUSTINE FL 32084	Mailing Address 400 A1A BEACH BLVD ST. AUGUSTINE FL 32084
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A0038745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4001 A1A Beach Blvd		3. Mailing Address 4001 A1A Beach Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3324424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEN TOV, KIZIK 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
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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: Daniel AVITAL (NOTE: Registered Agent signature required when reinstating) DATE: MAR-26-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DEN TOV, EIZIK 4001 A1A BEACH BLVD SAINT AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Avital, Daniel 4001 A1A S., St. Augustine FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FILO, RACHEL 4001 A1A BEACH BLVD SAINT AUGUSTINE FL 32084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Avital, Shula 4001 A1A S., St. Augustine, FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Daniel Avital DATE: MAR-26-01 DAYTIME PHONE #: 904-461 6818

CR2634 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

Attachment
AW38745

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

7. Name and Address of New Registered Agent

Eizik, Beh Tov
4001 A1A Beach Blvd,
St. Augustine, FL 32084

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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SIGNATURE:

PREPARED BY
MARY LOU PRESTON, CPA, PA Daniel Avital
CERTIFIED PUBLIC ACCOUNTANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)