

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90254 050 ***150.00

DOCUMENT # P95000029544

1. Entity Name

OCEAN HARBOR SALES INTERNATIONAL INC.

Principal Place of Business

Mailing Address

950 NORTH FEDERAL HWY #115
 POMPAHO BEACH FL 33062

A0068551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

EIN 65-0577953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHEN RYAN
 4325 TRADEWINDS AVE WEST
 LAUDERDALE BY THE SEA
 FL 33308

Name PAUL BANN

Street Address (P.O. Box Number is Not Acceptable)
 408 SOUTH RIVERSIDE DRIVE

City POMPAHO BEACH

FL

Zip Code 33062

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

22 APRIL 01

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, 2001 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 PRESIDENT / TREASURER ☐ Delete
 NAME PAUL BANN
 STREET ADDRESS 408 SOUTH RIVERSIDE DRIVE
 CITY-ST-ZIP POMPAHO BEACH FL 33062

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

TITLE VICE PRESIDENT / SECRETARY ☐ Delete
 NAME STEPHEN RYAN
 STREET ADDRESS 4325 TRADEWINDS AVE WEST
 CITY-ST-ZIP LAUDERDALE BY THE SEA FL 33308

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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

SECRETARY

22 APRIL 01

Date

Day is: Month is: Year is:

CR2E034 (11/00)