

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90093 018 \*\*\*150.00

DOCUMENT # P95000029544

1. Entity Name

OCEAN HARBOR SALES INTERNATIONAL INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4707 NW 8<sup>TH</sup> LANE

3. Mailing Address

4707 NW 8<sup>TH</sup> LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK

City & State

OAKLAND PARK

4. FEI Number

EIN 65-0577953

Applied For

Not Applicable

Zip

FL 33309

Country

USA

Zip

FL 33309

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL BANN

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

408 SOUTH RIVERSIDE DRIVE

City

POMPAHO BEACH

FL

Zip Code

33008

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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  
PRESIDENT/TREASURER  
PAUL BANN  
408 SOUTH RIVERSIDE DRIVE  
POMPAHO BEACH FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT / SECRETARY  
STEPHEN RYAN  
4325 TRADELANDS AVE WEST  
LANDROBE BY THE SEA FL 33308

TITLE  
NAME  
STREET ADDRESS  
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PAUL BANN PRESIDENT

28 APRIL 02

CR2E034B (12/01)