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## **2002 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE

## Feb 11, 2002 8:00 am P96000025656 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90161 013 \*\*\*158.75 OCEAN JEWELS CLUB, INC. Principal Place of Business Mailing Address 1111 LINCOLN RD, SUITE 400 1111 LINCOLN RD. SUITE 400 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0651480 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WERNER, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD. SUITE 400 MIAMI BEACH FL 33139 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12, (9/01)☐ Addition TITLE ☐ Delete TITLE NAME WERNER, MICHAEL B NAME CR2E034 STREET ADDRESS 1111 LINCOLN RD #400 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLÉ TITLE Change Addition NAME GARFINKLE, DAVID NAME STREET ADDRESS STREET ADDRESS 1111 LINCOLN RD, SUITE 400 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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