

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90071 016 \*\*\*150.00

DOCUMENT # P96000059876

1. Entity Name ->

**834 OCEAN DRIVE, INC.**

Principal Place of Business

~~200 S. BISCAYNE BLVD., STE. 4815  
 MIAMI FL 33131~~

Mailing Address

~~200 S. BISCAYNE BLVD., STE. 4815  
 MIAMI FL 33131~~

2. Principal Place of Business

**1548 BRICKELL AVE.**

Suite, Apt. #, etc.

3. Mailing Address

**1548 BRICKELL AVE.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33129-1210**

Country

**USA**

Zip

**33129-1210**

Country

**USA**

4. FEI Number

**65-0698020**

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

~~SALUSSOLIA, PIERO  
 200 S. BISCAYNE BLVD., STE. 4815  
 MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name **SALUSSOLIA, PIERO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1548 BRICKELL AVE.**  
 City **MIAMI** FL Zip Code **33129-1210**

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

*PIERO SALUSSOLIA*

*04/26/01*

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>PSTD FEGER, BRIGITTE</b>	<b>HEILIGKREUZ 40, POSTFACH 39</b>	<b>FL VADUZ FURSTETUN LI</b>	<input type="checkbox"/>
	<del>AS FUENTES, CARMEN</del>	<del>200 S. BISCAYNE BLVD STE 4815</del>	<del>MIAMI FL 33131</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>AS MANCA, MARCELLA</b>	<b>1548 BRICKELL AVE.</b>	<b>MIAMI, FL 33129-1210</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Marcella Manca* **MARCELLA MANCA**

*04/27/01* **305-373-7016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)