2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082077

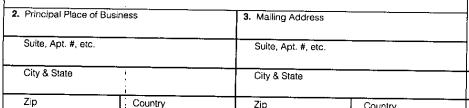
1. Entity Name

2621 OCEANIA COLLINS, INC.

Principal Place of Business

TRAIN COLLING AVENUE HAIT MOON

Mailing Address



FILED Jul 18, 2002 8:00 am Secretary of State 07-18-2002 90130 005 ***550.00

NORTH MIAMI BEACH FL 33160			3000 MARCUS AVENUE SUITE 1 E 5 LAKE SUCCESS NY 11042							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				E IN THIS SPAC		1 10011 1001 1231	
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City & State		City & State		4.	. FEI Number NOT APPLIC	ABLE		pplied For lot Applicabl	e	
		Country	Zip Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required				
,	6. Name	and Address of Current Re	gistered Agent		7.	Name and Address of New Re				┨
OTEINDE			Name -			and the second second				
STEINBERG, PAUL B			Street Address (F		t Address (P.O.	P.O. Box Number is Not Acceptable)				
767 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140							<u> </u>			
MIAMI DE	EAUH FL 331	40		Í						7
				City			FLI	Zip Coc		1
8. The above the obliga	e named entity itions of registe	submits this statement for the	ne purpose of changing its r	registered office	or registered a	igent, or both, in the State of Flor	ida. I am familia	ar with,	and accept	\dashv
SIGNATURE										
	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE:	Registered Agent sig	nature required when	reinstating)	DATE			
9. This corporation is eligible to satisfy its intangible		FILE NOW!!! FEE IS \$550.00		0.00		<u></u>		·	-	
Tax filing requirement and elects to do so.		d elects to do so.	After September 13, 2002 Fee will be \$75 Make Check Payable to Department of St		be \$750.00	10. Election Campaign Fina Trust Fund Contribution		\$5.0 Added	10 May Be I to Fees	
11.		OFFICERS AND DIF		12.		.] DDITIONS/CHANGES TO OFFIC	YERS AND DIDE	CTOR	C INI 44	4
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NAME	STEINBERG			NAME			۰	nango		0/7
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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 changed, or on an attachment with an address, with all the impowered.

SIGNATURE:

CITY-ST-7IP

SIGN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR