2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # P97000014836 May 17, 2000 8:00 am Secretary of State OCEANSPACE, INC. 05-17-2000 90927 031 ***158.75 Mailing Address Principal Place of Business 3025 NE 183RD LANE 3025 NE 183RD LANE **AVENTURA FL 33160-4905** AVENTURA FL 33160 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0730064 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASSERLAUF, BERNARD J Street Address (P.O. Box Number is Not Acceptable) 3025 NE 183RD LANE **AVENTURA FL 33160** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE WASSERLAUF, BERNARD J NAME NAME STREET ADDRESS STREET ADDRESS 3025 NE 183RD LANE CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Change ☐ Addition TITLE EVPD ☐ Delete TITLE WASSERLAUF, MONINA A NAME NAME STREET ADDRESS 3025 NE 183RD LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Change Addition ☐ Delete TITLE WASSERLAUF, THOMAS N NAME NAME 3025 NE 183RD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP **AVENTURA FL 33160** Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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