

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000018965**

1. Entity Name
OCEAN VIEW RICKSHAW, INC.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91103 050 ***150.00

Principal Place of Business
**434 NW 1 AVE
FORT LAUDERDALE FL 33304**

Mailing Address
**3000 N. OCEAN BLVD
#203
FORT LAUDERDALE FL 33308**

J40010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 SW 5th St

3. Mailing Address

3000 N. OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

4. FEI Number **65-0729950**

Applied For

Not Applicable

Zip

Country

33301-2815

USA

Zip

Country

33308

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDER, LUIZA G
3000 N. OCEAN BLVD
#203
FORT LAUDERDALE FL 33304**

Name

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

City

FL

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

Luiza G Alexander
Signature, typed or printed name of registered agent and title if applicable.

LUIZA G. ALEXANDER

(NOTE: Registered Agent signature required when re-registering)

04/21/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEXANDER, LUIZA G	
STREET ADDRESS	3000 N. OCEAN BLVD., #203	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALEXANDER, JAY S	
STREET ADDRESS	P.O. BOX 4994	
CITY-ST-ZIP	FORT LAUDERDALE FL 33338-4994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luiza G Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUIZA G. ALEXANDER 04/21/01 (954) 6050384

CR2E034 (10/00)