

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90097 010 \*\*\*158.75

0387864  
AV

**DOCUMENT # P97000046972**

1. Entity Name

**SOUTH OCEAN ENTERPRISES, INC.**



Principal Place of Business  
**165 PONCE DE LEON ST  
ROYAL PALM BEACH FL 33441**

Mailing Address  
**165 PONCE DE LEON ST  
ROYAL PALM BEACH FL 33441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0837407**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ORNELAS, DENNISE  
165 PONCE DE LEON ST  
ROYAL PALM BEACH FL 33441**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ORNELAS, DENNISE</b> <b>165 PONCE DE LEON ST</b> <b>ROYAL PALM BEACH FL 33441</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ORNELAS, PEDRO</b> <b>165 PONCE DE LEON ST</b> <b>ROYAL PALM BEACH FL 33441</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ORNELAS, PEDRO</b> <b>165 PONCE DE LEON ST</b> <b>ROYAL PALM BEACH FL 33441</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dennise Ornelas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/2/03*  
Date

*561-333-1851*  
Daytime Phone #

CR2E034 (10/02)

Attachment

70054591  
# P 97000046972

May 2<sup>nd</sup>, 2003

To Whom It May Concern:

This UBR was filed on May 1<sup>st</sup> online. After I spoke with someone in the internet department at the Division of Corporations told me that the payment did not go through, and to mail it in with the regular fee, and attached this note with it. Thank you for your attention to this matter. If you have any questions please call me at 561-333-1851.

Sincerely,

Dennise Ornelas  
South Ocean Enterprises Inc.  
165 Ponce de Leon St.  
Royal Palm Beach, FL 33411