

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057832

1. Entity Name

OFFSHORE ENTERPRISES, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90033 036 ***150.00

Principal Place of Business

Mailing Address

11410 N. KENDALL DR., STE. 320
MIAMI FL 33176

P.O. BOX 832047
MIAMI FL 33283-2047

2. Principal Place of Business

3. Mailing Address

3350 NW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0767957

Applied For
Not Applicable

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

PIEDRA, FRANCISCO J
11829 S.W. 77 TERRACE
MIAMI FL 33183

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

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BECKER, JEFFREY B
24 B GOLF VILLAGE
KEY LARGO FL 33037

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
PIEDRA, FRANCISCO J
11829 S.W. 77 TERRACE
MIAMI FL 33183

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00 (305) 634-7797
Date Daytime Phone #

CR2E034 (9/99)