

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000059434**
 1. Entity Name
OCEANIC SERVICES, INC

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90128 041 ***150.00

Principal Place of Business Mailing Address

2. Principal Place of Business **3750 NW 114th Ave**
 Suite, Apt. #, etc. **Bay #7**
 City & State **MIAMI - FLORIDA**
 Zip **33178** Country **USA**

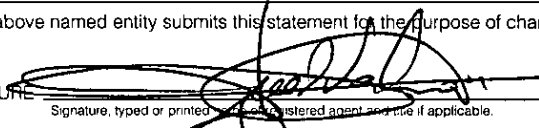
3. Mailing Address **P.O. Box 267337**
 Suite, Apt. #, etc.
 City & State **WESTON - FLORIDA**
 Zip **33326** Country **USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0776726** Applied For - ☐ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MIGUEL JA
16658 GOLPUEN DR
WESTON FL 33326

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.
 SIGNATURE  DATE **2/28/00**
Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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

TITLE	Director	<input type="checkbox"/> Delete
NAME	MIGUEL JA	
STREET ADDRESS	16658 GOLPUEN DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	Director	<input type="checkbox"/> Delete
NAME	CAMILA LAHALETTA	
STREET ADDRESS	3750 NW 114th Ave Bay #7	
CITY-ST-ZIP	MIAMI - FL 33178	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:  DATE **2/28/00** Daytime Phone #

CR2E034 (9/99)