

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000060494

1. Entity Name

OCEANIC CARGO, INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90040 042 ***158.75

00061918

DO NOT WRITE IN THIS SPACE

Principal Place of Business
10050 NW 116th Way
Suite # 15
Medley, FL 33178

Mailing Address
10050 NW 116th Way
Suite # 15
Medley, FL 33178

2. Principal Place of Business
10050 NW 116th Way

3. Mailing Address
10050 NW 116th Way

Suite, Apt. #, etc.
Suite # 15

Suite, Apt. #, etc.
Suite # 15

City & State
Medley, FL

City & State
Medley, FL

Zip
33178

Country
USA

Zip
33178

Country
USA

4. FEI Number
65-0767425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Weil, Dany
167 Golden Beach Drive
Golden Beach, FL 33160

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 _____

Signature, typed or printed name of registered agent and title 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Weil, Dany 167 Golden Beach Drive Golden Beach, FL 33160 <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	D/V Weil, Ira 167 Golden Beach Drive Golden Beach, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  05/31/2000 305-888-3898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dany Weil Date Daytime Phone #

CR2E034 (9/99)