2002 UNIFORM BUSINESS REPORT (UBR)

P97000065317 DOCUMENT

1. Entity Name

OCEAN HARBOUR ESTATES AT OCEAN RIDGE, INC.



FILED Jun 19, 2002 8:00 am Secretary of State

06-19-2002 90459 007 ***550.00

- I KANDIKAN KEM LANJI KANDI MAKU MAKIK MAKA MAKA ALIM AKUM AKUM AKUMA MIKAN KATIK TANG TANG TANG TANG TANG T

Mailing Address Principal Place of Business

551 NW 77TH ST. SUITE 108 **BOCA RATON FL 33487**

551 NW 77TH ST. SUITE 108 **BOCA RATON FL 33487**

US

2. Principal Pr	lace of Business . ROGERS CIRCLE	3. Mailing Address	ERS CACIE		
Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
Suite, Apr.	•	SUITE #11		BONOT WINTENVINO	017102
City & State		Oh. S Ciala		4. FEI Number 05 0770070	Applied For
BOCA	RATOH, FL	BOCA RATION	, FZ	4. FEI Number 65-0770970	Not Applicable
3348	Country USA	33487	Country 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		
,			Name		
POPKIN & SHURPIN, P.A.			Street Address (P.O. Box Number is Not Acceptable)		
2499 GLADES RD., SUITE 114			0.100(7.100.100)	, (1.6.26)	
BOCA RA	TON FL 33431				
			City	FL	Zip Code
			-internal office or regist	ared agent, or both in the State of Florida	
8. The above	named entity submits this statement for	the purpose of changing its re-	gistered office of regist	ered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signature requir	ed when reinstating) DATE	
•	-		FEE IS \$150.00	10. Election Campaign Financing	\$5.00 May Be
Tax filing r	requirement and elects to do so.	After May 1, 2002	Fee will be \$550.00	Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filling r (See criter	requirement and elects to do so.	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of St	Trust Fund Contribution.	Added to Fees
Tax filing r (See criter	requirement and elects to do so. ria on back) OFFICERS AND I	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of St	Trust Fund Contribution.	Added to Fees Directors IN 11
Tax filing r (See criter	requirement and elects to do so. ria on back) OFFICERS AND I	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of St 12.	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees DIRECTORS IN 11 Change
Tax filing r (See criter 11. TITLE NAME	oppose of the property of the	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of St 12.	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees DIRECTORS IN 11 Change
Tax filing r (See criter 11. TITLE NAME STREET ADORESS	OFFICERS AND I PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of St 12.	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees DIRECTORS IN 11 Change
Tax filing r (See criter 11. TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND I OFFICERS AND I PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108 BOCA RATON FL 33487	After May 1, 2002 Make Check Payable DIRECTORS Delete	Fee will be \$550.00 to Department of St 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution.	Added to Fees Directors IN 11 Change Addition
Tax filing r (See criter 11. TITLE NAME STREET ADORESS CITY-ST-ZIP	OFFICERS AND I OFFICERS AND I PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108 BOCA RATON FL 33487 DVS	After May 1, 2002 Make Check Payable	Fee will be \$550.00 to Department of St 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees DIRECTORS IN 11 Change
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND I OFFICERS AND I PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108 BOCA RATON FL 33487 DVS POPKIN, EDWARD D	After May 1, 2002 Make Check Payable DIRECTORS Delete	Fee will be \$550.00 to Department of St 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME NAME	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees DIRECTORS IN 11 Change Addition
Tax filing r (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108 BOCA RATON FL 33487 DVS POPKIN, EDWARD D 2499 GLADES RD, STE 114	After May 1, 2002 Make Check Payable DIRECTORS Delete	Fee will be \$550.00 to Department of St 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees Directors IN 11 Change Addition
Tax filing r (See criter) 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108 BOCA RATON FL 33487 DVS POPKIN, EDWARD D 2499 GLADES RD, STE 114 BOCA RATON FL 33431	After May 1, 2002 Make Check Payable DIRECTORS Delete Delete	Fee will be \$550.00 to Department of St 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees Directors IN 11 Change Addition
Tax filing r (See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALBANESE, LEONARD A 551 NW 77TH ST STE 108 BOCA RATON FL 33487 DVS POPKIN, EDWARD D 2499 GLADES RD, STE 114 BOCA RATON FL 33431 DT	After May 1, 2002 Make Check Payable DIRECTORS Delete	Fee will be \$550.00 to Department of St 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND	Added to Fees DIRECTORS IN 11 Change Addition Change Addition Change Addition
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13. Thereby 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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