

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000095795

1. Entity Name

OFFSHORE-HOLDINGS MANAGEMENT GROUP, INC.

CHANGED NA  
BLUE WATER  
EFFECTIVE 3/1

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90126 048 \*\*\*150.00

Principal Place of Business

1735 SW 25 AVENUE  
FORT LAUDERDALE FL 33312

Mailing Address

1735 SW 25 AVENUE  
FORT LAUDERDALE FL 33312-4574

2. Principal Place of Business

3. Mailing Address

P.O. Box 030357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
FT. LAUDERDALE, FL

4. FEI Number 65-0793542

Applied For

Not Applicable

Zip

Country

Zip

Country

33303-0357

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

MARTIN-LEWICKI, MELISSA  
1735 SW 25 AVENUE  
FORT LAUDERDALE FL 33312

Name

SCOTT A. SANOK, ESQ

Street Address (P.O. Box Number is Not Acceptable)

1200 North Federal Highway

Suite 200

City

Boca Raton

FL

Zip Code

33432

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

*Scott A. Sanok* SCOTT A. SANOK, ESQ

4-18-00

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	D	<input type="checkbox"/> Delete
NAME	MARTIN-LEWICKI, MELISSA	
STREET ADDRESS	1735 SW 25 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWICKI, KRISTOF	
STREET ADDRESS	PO Box 030357	
CITY-ST-ZIP	Ft. Lauderdale, FL 33303-0357	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN-LEWICKI, MELISSA	
STREET ADDRESS	PO Box 030357	
CITY-ST-ZIP	Ft. Lauderdale, FL 33303-0357	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN-LEWICKI, MELISSA	
STREET ADDRESS	PO Box 030357	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33303-0357	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN-LEWICKI, KRISTOF	
STREET ADDRESS	PO Box 030357	
CITY-ST-ZIP	Ft. Lauderdale, FL 33303-0357	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWICKI, KRISTOF	
STREET ADDRESS	PO Box 030357	
CITY-ST-ZIP	Ft. Lauderdale, FL 33303-0357	
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:

*Martin Lewicki* MARTIN-LEWICKI, KRISTOF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

(954) 396-8118

Daytime Phone #

CR2E034 (9/99)