

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000100475**1. Entity Name
OCEAN LAND INVESTMENTS, INC.

| | |
|-----------------------------|---------------------------|
| Principal Place of Business | Mailing Address |
| 1600 S. OCEAC BLVD. | 1600 S. OCEAC BLVD. |
| POMPANO BEACH FL 33062 US | POMPANO BEACH FL 33062 US |

| | |
|-----------------------------------|-----------------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| ONE SOUTH OCEAN BLVD ATTN: N BOYD | ONE SOUTH OCEAN BLVD ATTN: N BOYD |

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| SUITE 204 | SUITE 204 |

| | |
|---------------|------------------|
| City & State | City & State |
| BOCA RATON FL | POMPANO BEACH FL |

| | | | |
|-------|---------|-------|---------|
| Zip | Country | Zip | Country |
| 33432 | US | 33432 | US |

| | |
|---------------|----------------|
| 4. FEI Number | Applied For |
| 65-0799630 | Not Applicable |

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentPHILLIPS, EISINGER, KOSS & ROSENFELDT, P.A.
4000 HOLLYWOOD BLVD, SUITE 265-S

HOLLYWOOD FL 33021 US

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 **02/20/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MARTIN PIERRE | |
| STREET ADDRESS | 2268 N.W. 30TH RD. | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ROY JEAN F | |
| STREET ADDRESS | 2902 N.W. BANYAN BLVD. | |
| CITY-ST-ZIP | BOCA RATON FL 33431 | |

| | | |
|----------------|--|---------------------------------|
| 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 | | |

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 | |

| | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
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| 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: Jean Francois Roy

P

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)