

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047744

1. Entity Name  
OCEAN WEAR & SPORTS, INC.

FILED  
Mar 09, 2001 8:00 am  
Secretary of State

03-09-2001 90480 028 \*\*\*150.00

Principal Place of Business

905 N. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33304

Mailing Address

210 UNIVERSITY DR  
502  
CORAL SPRINGS FL 33071  
US

727773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3000 N. University Dr.

Suite E

Coral Springs FL

Zip 33065

Country

4. FEI Number 65-0838130

Applied For  
Not Applicable

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

MYARA, JEAN-JACQUES  
905 N. ATLANTIC BLVD.  
FT. LAUDERDALE FL 33304

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

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 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 ☐ Delete  
NAME MYARA, ALBERT  
STREET ADDRESS 905 N ATLANTIC BLVD  
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT MYARA

Date

2/28/01

Daytime Phone #

954 346-7288

CR2E034 (10/00)