

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079656

1. Entity Name

OCEAN TROPICS COLLECTIBLES INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90004 044 ***150.00

Principal Place of Business

Mailing Address

19455 SOUTHWEST 256TH STREET
HOMESTEAD FL 33031

19455 SOUTHWEST 256TH STREET
HOMESTEAD FL 33031-1744

2. Principal Place of Business

8111 SW 124 St.

3. Mailing Address

8111 SW 124 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. FEI Number

65-0881147

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

SIMMONS, JOHN

19455 SOUTHWEST 256TH STREET
HOMESTEAD FL 33031

Name

John Simmons

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

8111 SW 124 St.

City

Miami

FL

Zip Code

33156

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, 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 P ☐ Delete
NAME SIMMONS, JOHN
STREET ADDRESS 19455 SOUTHWEST 256TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE President ☒ Change ☐ Addition
NAME John Simmons
STREET ADDRESS 8111 SW 124 St.
CITY-ST-ZIP Miami, FL 33156

TITLE VP ☐ Delete
NAME GOLDSMITH, RICHARD
STREET ADDRESS 19455 SOUTHWEST 256TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

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

TITLE ST ☐ Delete
NAME WONTER, ANDY
STREET ADDRESS 19455 SOUTHWEST 256TH STREET
CITY-ST-ZIP HOMESTEAD FL 33031

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 (305) 431-9786

CR2E034 (9/99)