

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096107

1. Entity Name  
OCEAN BAY REALTY, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90136 006 \*\*\*150.00

Principal Place of Business <del>20630 BISCAYNE BLVD STE 400 AVENTURA FL 33180 US</del>	Mailing Address <del>20630 BISCAYNE BLVD STE 400 AVENTURA FL 33160-2261 US</del>
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2. Principal Place of Business 20630 BISCAYNE BLVD.	3. Mailing Address 20630 BISCAYNE BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State AVENTURA, FL	City & State AVENTURA, FL
Zip 33180	Zip 33180
Country DADE	Country DADE

4. FEI Number 65-0876720	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <del>MARLIN, RICHARD E 20630 BISCAYNE BLVD STE 400 AVENTURA FL 33180</del>	7. Name and Address of New Registered Agent Name RICHARD MARLIN Street Address (P.O. Box Number is Not Acceptable) 20630 BISCAYNE BLVD. City AVENTURA FL Zip Code 33180
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTIN, RICHARD E		NAME RICHARD MARLIN	
STREET ADDRESS 198 OCEAN BLVD		STREET ADDRESS 198 OCEAN BLVD.	
CITY-ST-ZIP GOLDEN BEACH FL 33160		CITY-ST-ZIP GOLDEN BEACH, FL 33160	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED RICHARD MARLIN - PRES. 4/25/00 (305) 931-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)