

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011259

1. Entity Name.

OCEAN EYES, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90017 026 \*\*\*150.00

Principal Place of Business

Mailing Address

2 N.E. 40TH STREET  
MIAMI FL 33137

2 N.E. 40TH STREET  
MIAMI FL 33137-3540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941263

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

BRAND, CRAIG A ESQ.  
23RD FLOOR  
80 SW 8TH STREET  
MIAMI FL 33130

Name

SOLOMON OVADIA

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

2 NE 40 STREET

City

MIAMI

FL

Zip Code

33137

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

SOLOMON OVADIA PRESIDENT 4/14/00

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  
NAME KANHOYE, DEODAT  
STREET ADDRESS 2 N.E. 40TH STREET  
CITY-ST-ZIP MIAMI FL 33137

☒ Delete

TITLE D/P  
NAME SOLOMON OVADIA  
STREET ADDRESS 2 NE 40 STREET  
CITY-ST-ZIP MIAMI, FL 33137

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

SOLOMON OVADIA 4/14/00 305 573-0200

CR2E034 (9/99)