2002 UNIFORM BUSINESS REPORT (UBR)

P99000081120

DOCUMENT # 1. Entity Name

OCEAN TIME SHARE RESALE, INC.

Principal Place of Business

Mailing Address

4000 CRYSTAL LAKE DR. UNIT 114

4000 CRYSTAL LAKE DR. UNIT 114

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2. Principal Place of Business						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
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POMPANO BAACH, FL.	POMPANO BEAC	LFL.	•	4. FEI Number 65-0945475		ied For Applicable
33062 Country	33062	USA		5. Certificate of Status Desired	\$8.75 Addition Fee Required	onal
6. Name and Address of Current	Registered Agent		7	7. Name and Address of New Re	gistered Agent	
DIMLIDE ANDRE		Name		YOLODE AN	IDRF	
DULUDE, ANDRE 4000 CRYSTAL LAKE DR. UNIT 114		Street A	ddress (P.C	O. Box Number is Not Acceptable) MPANA BOACH RLUD	APT. 1507	
DEERFIELD BEACH FL 33064						
	_	City 1	OMPAI	no Beah	FL │ॐॐ७	62
8. The above named entities spimits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
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SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE: 6	Registered Agent signat	ure required who	DOLOJE en reinstation)	DATE	2
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 	FEE IS \$150.		10. Election Campaign Fina	ancing \$5.00	May Re	
(See criteria on back)	After May 1, 2002 Make Check Payable			Trust Fund Contribution.		
11. OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICE	TERS AND DIRECTORS II	N 11
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CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 tystee 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 any address, with all other like employments.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

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NAME

STREET ADDRESS

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