

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/

DOCUMENT # P99000082470

1. Entity Name

OCEAN DRIVE PLANTATION PROPERTIES, INC.

FILED
Jun 21, 2000 8:00 am
Secretary of State

04-11-2000 90232 046 ***150.00

Principal Place of Business

Mailing Address

30992 S.W. 195TH AVENUE
HOMESTEAD FL 33030

30992 S.W. 195TH AVENUE
HOMESTEAD FL 33030-3610

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

65-0959111

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

LYNN, SANDRA T.
830 N. KROME AVENUE
HOMESTEAD FL 33030

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, 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 NAME STREET ADDRESS CITY - ST - ZIP	PS LAVENE, KATRINA J 30992 S.W. 195TH AVENUE HOMESTEAD FL 33030	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

305
247 7522
Daytime Phone #

CR2E034 (9/99)

Doc# P99 000082470
104880**FACSIMILE TRANSMISSION
INTERNAL REVENUE SERVICE****ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362**DATE 11-05-1999 RECD _____ TIME _____

NAME AND TITLE

FAX NUMBER

KATRINA J. LAUNE 305-248-2615IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

**COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY SHOWN BELOW. YOU SHOULD RECEIVE
WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION
NUMBER WITHIN 30 DAYS.****COMPANY NAME:**OCEAN DRIVE PLANTATION PROPERTIES
IAC**EMPLOYER IDENTIFICATION NUMBER (EIN)**65-0959111**CAUTION:**


THIS COMMUNICATION IS INTENDED FOR THE SOLE USE OF THE INDIVIDUAL TO WHOM IT IS
ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND
EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS
COMMUNICATION IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT FOR
DELIVERING THE COMMUNICATION TO THE INTENDED RECIPIENT, YOU ARE HEREBY
NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION
IN ERROR PLEASE NOTIFY THE SENDER IMMEDIATELY BY TELEPHONE CALL, AND RETURN
THE COMMUNICATION TO THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICE.
THANK YOU.

Doc# P99000082470
104880

FI DOS
P O BOX 6327
Tallahassee, FL 32314

Please find the IRS Fax with my EIN. Perhaps your records are wrong. The phone number on your document is not functioning.

Thank you,


Katrina Lavene
Ocean Dr Plantation Properties
305-246-5062