

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90225 020 ***150.00

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1. Entity Name
OCEAN POINTE CORP.

Principal Place of Business
90 ALTON ROAD # 605
MIAMI, FL 33131
BEACH

Mailing Address
90 ALTON ROAD # 605
MIAMI, FL 33131
BEACH



2. Principal Place of Business
~~90 ALTON ROAD # 605~~
Suite, Apt. #, etc.
90 ALTON RD. #605

3. Mailing Address
90 ALTON Rd. #605
Suite, Apt. #, etc.
605

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI BEACH, FL 33139
Zip
33139
Country
USA

City & State
MIAMI BEACH, FL
Zip
33139
Country
USA

4. FEI Number
65-0965523 NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUSI, GUSTAVO
90 ALTON ROAD # 605
MIAMI FL 33139

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE GUSTAVO Cusi

01/07/03
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CUSI, GUSTAVO
STREET ADDRESS 90 ALTON ROAD # 605
CITY-ST-ZIP MIAMI, FL 33139
BEACH

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

TITLE D ☒ Delete
NAME HUERGO, SUSANA E
STREET ADDRESS 1428 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D ☒ Delete
NAME AVERGO, SUSANA E
STREET ADDRESS 90 ALTON ROAD # 605
CITY-ST-ZIP MIAMI FL 33139

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

TITLE D ☐ Delete
NAME ~~ESQUIVEL, SUSANA~~
STREET ADDRESS 90 ALTON RD. #605
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

01/07/2003 786 268 2663
Date Daytime Phone #

CR2E034 (10/02)