

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

DOCUMENT # **P99000083692**

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
~~XXXXXXXXXXXX~~
90 ALTON RD. #605

3. Mailing Address
90 ALTON Rd. #605

Suite, Apt. #, etc.
605

City & State
MIAMI BEACH, FL 33139

City & State
MIAMI BEACH, FL

Zip
33139

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For
65-0965523 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

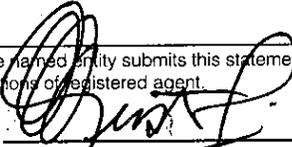
7. Name and Address of New Registered Agent

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** DATE **01/07/03**

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

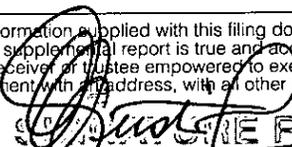
10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CUSI, GUSTAVO	
STREET ADDRESS	90 ALTON ROAD # 605	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUERGO, SUSANA E	
STREET ADDRESS	1428 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AVERGO, SUSANA E	
STREET ADDRESS	90 ALTON ROAD # 605	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	Eskivel, Susana	
STREET ADDRESS	90 ALTON Rd. #605	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **DATE REQUIRED** **01/07/2003** **786 268 2663**

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

CR2E034 (10/02)