

2000 UNIFORM BUSINESS REPORT (UBR)

5/.

DOCUMENT # P99000086342

1. Entity Name

O'BRIAN'S INVESTMENT EQUITIES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-03-2000 90042 029 ***150.00

Principal Place of Business

C/O STEVEN SERLE, P.A.
2101 CORPORATE BLVD. NW SUITE 325
BOCA RATON FL 33431

Mailing Address

C/O STEVEN SERLE, P.A.
2101 CORPORATE BLVD. NW SUITE 325
BOCA RATON FL 33431-7319

2. Principal Place of Business

4064 FOREST HILL BLVD

3. Mailing Address

Same

Suite, Apt. #, etc.

#8

Suite, Apt. #, etc.

City & State

PALM SPRINGS, FL

City & State

Same

Zip

33406

Country

PALM SPRINGS

Zip

Same

Country

Same

4. FEI Number

65-0950986

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERLO, ANDREW
C/O STEVEN SERLE, P.A.
2101 CORPORATE BLVD. NW SUITE 325
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: Keith W. Meisel
Street Address (P.O. Box Number is Not Acceptable): 712 U.S. Highway One - Ste. 230
City: N. PALM BCH. FL Zip Code: 33468

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

4/24/00

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

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OCCHIUZZO, DENNIS | |
| STREET ADDRESS | 1361 S. OCEAN BLVD. NO. 307 | |
| CITY-ST-ZIP | POMPANO BEACH FL 33062 | |
| TITLE | ALLEN S. ROSEN | <input type="checkbox"/> Delete |
| NAME | DIRECTOR | |
| STREET ADDRESS | 4064 FOREST HILL BLVD. - #8 | |
| CITY-ST-ZIP | PALM SPRINGS, FL 33406 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 |
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| STREET ADDRESS | | |
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| 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 | | |

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:

Allen S. Rosen DIRECTOR

Date

Daytime Phone #

4/24/00 561-4396022

CR2E034 (9/99)