

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90012 020 \*\*\*158.75

DOCUMENT # P99000091284

1. Entity Name

THE OFFSHORE REAL ESTATE HOLDINGS CONSORTIUM, IN

Principal Place of Business

350 SOUTH COUNTY ROAD SUITE 201  
PALM BEACH FL 33480

Mailing Address

350 SOUTH COUNTY ROAD SUITE 201  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

P.O. Box 2041

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach, FL

4. FEI Number 65-0954577

Applied For

Not Applicable

Zip

Country

33480

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139

Name: Tod Tuckerman

Street Address (P.O. Box Number is Not Acceptable)

226 Australian Ave #5

City Palm Beach

FL

Zip Code 33480

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

Tod Tuckerman

T. Tuckerman

4.26.2001

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)

X

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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 D  
NAME TUCKERMAN, TOD  
STREET ADDRESS 350 SOUTH COUNTY ROAD SUITE 201  
CITY-ST-ZIP PALM BEACH FL 33480

☐ Delete

TITLE President  
NAME Tod Tuckerman  
STREET ADDRESS 226 Australian Ave #5  
CITY-ST-ZIP Palm Beach, FL 33480

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

T. Tuckerman

4.26.2001

561 832-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)