

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102094

1. Entity Name

OJAI COMMUNICATIONS GROUP, INC.

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90012 031 ***558.75

Principal Place of Business

202 E. CAMINO RD.
BOCA RATON FL 33432

Mailing Address

202 E. CAMINO RD.
BOCA RATON FL 33432

2. Principal Place of Business

315 S.E. MIZNER BLVD

3. Mailing Address

315 S.E. MIZNER BLVD.

Suite, Apt. #, etc.

SUITE # 208

Suite, Apt. #, etc.

SUITE # 208

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

USA

Zip

33432

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0998743

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, JEFFREY G
23123 STATE RD. 7, STE. 350-B
BOCA RATON FL 33428

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.

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROWS, BORDEN 202 E. CAMINO RD. BOCA RATON FL 33432	<input checked="" 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
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY BORDEN BARROWS 202 E. CAMINO RD. BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARC MAGID 10719 AVENIDA SANTA ANA BOCA RATON, FL 33498	<input type="checkbox"/> Change <input checked="" 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
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

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:

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

MARC MAGID-PRESIDENT

Date

07/25/00

Daytime Phone #

(561)368-5933