

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S23897

1. Entity Name
OCEANIA SERVICE CORP.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90071 040 ***150.00

Principal Place of Business

16445 COLLINS AVENUE
MIAMI BEACH FL 33160
US

Mailing Address

16445 COLLINS AVENUE
MIAMI BEACH FL 33160
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

16400 Collins Avenue

Suite, Apt. #, etc.

City & State
Miami Beach, FL 33160

Zip

Country

USA

4. FEI Number 65-0237412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

Ronald Fieldstone

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

201 Alhambra Circle, Suite 601

City

Coral Gables

FL

Zip Code

33134

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)

4/20/01

DATE

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, 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 PSD ☐ Delete
NAME DITTERICH, FRANZ C
STREET ADDRESS 16420 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE VP AS ☒ Change ☐ Addition
NAME Ingrid Angele
STREET ADDRESS 16400 Collins Avenue
CITY-ST-ZIP Miami Beach, FL 33160

TITLE VPAS ☒ Delete
NAME FLAMMERSFELD, GEERT W
STREET ADDRESS 16420 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33160

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ingrid Angele 305-947-9594

Date

Daytime Phone #

CR2E034 (10/00)