

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90138 016 ****61.25

DOCUMENT # 714060

1. Entity Name
OCEAN DRIVE MANOR, INC.



Principal Place of Business
**590 OCEAN DRIVE
KEY BISCAYNE FL 33149**

Mailing Address
**C/O CPM
170 OCEAN LANE DR
KEY BISCAYNE FL 33149
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1288439**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CERTIFIED PROPERTY MANAGEMENT CORP
170 OCEAN LANE DR
KEY BISCAYNE FL 33149**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ-MEDIO, MARLENE 590 OCEAN DRIVE #7-B KEY BISCAYNE FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, IVAN 590 OCEAN DRIVE KEY BISCAYNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, RANDOLPH 590 OCEAN DR. KEY BISCAYNE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINOR, STEVE 590 OCEAN DR KEY BISCAYNE FL 33149	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROJAS, RAUL 590 OCEAN DR. KEY BISCAYNE FL 33149	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICIO APEY 590 OCEAN LANE DR. KEY BISCAYNE, FL 33149	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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:

SIGNATURE REQUIRED LEE

3/7/03

305 361 5113

CR2E037 (10/02)