

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90224 014 ***558.75

DOCUMENT # M16558

1. Entity Name
OCEAN BANKSHARES, INC.

Principal Place of Business Mailing Address

780 N.W. 42ND AVENUE 780 N.W. 42ND AVENUE
 STE 300 STE 300
 MIAMI FL 33126 MIAMI FL 33126
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For

59-2541622 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONSVEGRA, LUIS
780 NW 42ND AVE, STE 300
MIAMI FL 33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so:

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	SD <input type="checkbox"/> Delete
NAME	CONSUEGRA, LUIS A
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	DE SOUSA MACEDO, JOAO
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	PEREZ C., BENIGNO
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DE ABREU, JOSE QUINTINO
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	VTD <input type="checkbox"/> Delete
NAME	CONCEPCION, JOSE A.
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> Delete
NAME	DA CORTE, DOMINGO LEONAR
STREET ADDRESS	780 NW 42ND AVE, STE 300
CITY-ST-ZIP	MIAMI FL

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	D PEREZ CONCEPCION, BENIGNO
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE SOUSA MACEDO, AGOSTINHO
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA CORTE, DOMINGO LEONARDO
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]* 7/23/02 (305) 589-5453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)