

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-13-2002 90224 011 ***558.75

DOCUMENT # G08091

1. Entity Name
OCEAN BANK



Principal Place of Business: 780 NW 42ND AVE., (LE JEUNE RD.) MIAMI FL 33126
 Mailing Address: 780 NW 42ND AVE., (LE JEUNE RD.) MIAMI FL 33126

014001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-2237280** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CONSUEGRA, LUIS
780 NW 42 AVE SUITE 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: _____ (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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CD MACEDO, DESOUSA A	<input type="checkbox"/> Delete
STREET ADDRESS	780 NW 42ND AVE, STE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D CABRERA, ANTONIO J.	<input type="checkbox"/> Delete
STREET ADDRESS	780 NW 42 AVE, STE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	SD CONSUEGRA, LUIS A	<input type="checkbox"/> Delete
STREET ADDRESS	780 NW 42 AVE, STE 300	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE NAME	D MONTERO, CARLOS S.	<input type="checkbox"/> Delete
STREET ADDRESS	780 NW 42 AVE, STE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	PD CONCEPCION, JOSE A.	<input type="checkbox"/> Delete
STREET ADDRESS	780 NW 42 AVE STE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE NAME	D GONZALEZ, ANTONIO A.	<input type="checkbox"/> Delete
STREET ADDRESS	780 NW 42 AVE, STE 300	
CITY-ST-ZIP	MIAMI FL	

TITLE NAME	CD DE SOUSA MACEDO, AGOSTINHO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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) 569-5453

CR2E034 (4/02)