

# 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

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

Mailing Address

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

59-2541622

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 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 *LUIS A. CONSUEGRA*

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)

**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 SD ☐ Delete  
 NAME CONSUEGRA, LUIS A  
 STREET ADDRESS 780 NW 42ND AVE, STE 300  
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
 NAME DE SOUSA MACEDO, JOAO  
 STREET ADDRESS 780 NW 42ND AVE, STE 300  
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
 NAME PEREZ C., BENIGNO  
 STREET ADDRESS 780 NW 42ND AVE, STE 300  
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ Change ☐ Addition  
 NAME PEREZ CONCEPCION, BENIGNO  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☒ Delete  
 NAME DE ABREU, JOSE QUINTINO  
 STREET ADDRESS 780 NW 42ND AVE, STE 300  
 CITY-ST-ZIP MIAMI FL

TITLE CD ☐ Change ☒ Addition  
 NAME DE SOUSA MACEDO, AGOSTINHO  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VTD ☐ Delete  
 NAME CONCEPCION, JOSE A.  
 STREET ADDRESS 780 NW 42ND AVE, STE 300  
 CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete  
 NAME DA CORTE, DOMINGO LEONAR  
 STREET ADDRESS 780 NW 42ND AVE, STE 300  
 CITY-ST-ZIP MIAMI FL

TITLE D ☒ Change ☐ 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/02 (305) 589-5453

Date

Daytime Phone #

CR2E034 (4/02)