2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90073 012 ****61.25

0024493

DOCUMENT # N98000006844

1. Entity Name

NIMA COMMERCE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
OCEANMAR WAREHOUSE 10221 EAST BROADVIEW DRIVE BAY HARBOR FL 33154	OCEANMAR WAREHOUSE 10221 EAST BROADVIEW DRIVE BAY HARBOR FL 33154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	5779 NW 151 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	MIAMI LAKES, FL.
City & State	City & State
Zip / Country	Zip: 33014 / Country: US

4. FEI Number: 65-0890475 ☐ 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
OCEANMAR WAREHOUSE, INC. 10221 EAST BROADVIEW DRIVE BAY HARBOR FL 33154	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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPARROS, MARTY JR 10221 EAST BROADVIEW DRIVE BAY HARBOR FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPARROS, PATRICIA 10221 E. BROADVIEW DRIVE BAY HARBOR FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAPARROS, MARTIN SR. 10221 E. BROADVIEW DRIVE BAY HARBOR FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (9/01)

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: Gaby Lespinasse REQUIRED MARTIN CAPARROS SR. 3-27-02 305-826-5253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #