

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

0133306 AV

DOCUMENT # P00000050585

1. Entity Name
OCEANMAR WAREHOUSE, INC.

04-08-2002 90214 045 ***150.00

Principal Place of Business
4235 WEST 16TH AVENUE
SUITE 102
HIALEAH FL 33012

Mailing Address
4235 WEST 16TH AVENUE
SUITE 102
HIALEAH FL 33012



2. Principal Place of Business
5779 NW 151 ST.

3. Mailing Address
5779 NW 151 ST

DO NOT WRITE IN THIS SPACE

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number **65-1009210**

Applied For
 Not Applicable

Zip
33014

Country
US

Zip
33014

Country
US

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

6. Name and Address of Current Registered Agent

CAPARROS, MARTIN JR
4235 WEST 16TH AVENUE
SUITE 102
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name
CAPARROS, MARTIN SR.
 Street Address (P.O. Box Number is Not Acceptable)
5779 NW 151 ST
MIAMI LAKES
 City
FL Zip Code
33014

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 _____ (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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAPARROS, MARTIN SR 4235 WEST 16TH AVENUE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPARROS, MARTIN JR 4235 WEST 16TH AVENUE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPARROS, MIRELIA 4235 WEST 16TH AVENUE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPARROS, PATRICIA 4235 WEST 16TH AVENUE HIALEAH FL 33012	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPARROS, MARTIN SR 5779 NW 151 ST MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAPARROS, MARTIN JR. 5779 NW 151 ST MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAPARROS, MIRELIA 5779 NW 151 ST MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAPARROS, PATRICIA 5779 NW 151 ST MIAMI LAKES, FL 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARTIN CAPARROS SR **3-27-02** **305-826-5353**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)