2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000050585

1. Entity Name

OCEANMAR WAREHOUSE, INC.



FILED 5 Apr 17, 2003 8:00 am 5 Secretary of State 4

04-17-2003 90608 007 ***150.00

<u> </u>	-										
Principal Place of Business Mailing Address											
5779 NW 1ST STREET 5779 NW-1ST-STREET -				 ,	<						 –
MIAMI LAKES FL 33014			II LAKES FL 33014							erine an ima mark	14 18 18 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business 3. Mailing Address											
z. Thirdipart lace of bo	o. Mulling Address										
Suite, Apt. #, etc.	Suite, Apt. #, etc.										
ουιο, Αρι. π, οιο.	σαιτό, Αρτ. π, στο.					CHECK HERE IF MAKING CHANGES					
City & State	City & State					I. FEI Number	05.4000040		- I Ar	plied For	
ony a olato	Only a state				7	, I LI NUITIDEI	65-1009210	ļ.		ot Applicable	
Zip	Zip Co			untry			-	_ \$	8.75 Add		
•	Country Zip Cou				5. Certificate of Status Desired Fee Required						
6. Name and Address of Current R			legistered Agent			7. Name and Address of New Registered Agent					
					Name						
CAPARROS, MAF						<u> </u>					
5779 NW 151 ST		Street			Address (P.O. Box Number is Not Acceptable)						
MIAMI LAKES FL 33014											
MINNI LANES FL											
						y FL Zip Code					e
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 reg		or trie purpo	se or changing its	registere	a onice or	registered	agent, or both,	in the State of Flor	ida. Tamia	minar with,	and accept
ino bionganona or rog	yataraa agamii										
SIGNATURE											
Signature, ty	ped or printed name of registered agent	and title if appli	cable. (NOTE	: Registered	Agent signatu	re required whe	en reinstating)		DATE		
FILE NOV	V!!! FEE IS \$150.00									65.0	
After May 1, 2	2003 Fee will be \$550.00				tion Campaign Fina Fund Contribution			May Be to Fees			
Make Check Payable	to Florida Department o	f State					1,000	, and demindation		, 10000	. 10 1 000
10.	OFFICERS AND	DIRECTOR	RS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND (DIRECTOR:	S IN 11
TITLE PD			☐ Delete	TITLE						☐ Change	Addition
	rros, martin sr			NAME							ł
STREET ADDRESS 75779 NW 151 STREET				STREET ADDRESS							ļ
CITY-ST-ZIP : 🔆 MIAMI	ZIP MIAMI LAKES FL 33014				ST-ZIP						
TITLE PD 🤌	AC .		☐ Delete	TITLE						☐ Change	☐ Addition
	RROS, MARTIN JR			NAME	:						Ì
	· · · · · · · · · · · · · · · · · · ·			STREE	T ADDRESS						
CITY-ST-ZIP MIAMI	11. t			City-							
TITLE SD	:		Delete	TITLE						Change	☐ Addition
	RRIS, MIRELIA		13 50,00	NAME		CAPA	gr ROS,	MIRELI	4		
	W 151 STREET				T ADDRESS	5	779 NI	W 151 5T			
****	LAKES FL 33014				ST-ZIP	MIAM	() /A-K	ces .FL.	2201	4	į.
TITLE TD	D 11(20 / E 000 I /		☐ Delete	TITLE		166711	(J-// ·			Change	☐ Addition
	ROS, PATRICIA		- Delete	NAME					!		
	W 151 STREET			1	T ADDRESS						
	LAKES FL 33014				ST-ZIP						
	E TILEO I E COOTT										T Addition
TITLE			☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS				NAME							
					T ADDRESS ST-ZIP						
CITY-ST-ZIP				4-	J1-∠IF						
TITLE			☐ Delete	TITLE					[Change	☐ Addition
NAME OXPREST ADDRESS				NAME							
STREET ADDRESS CITY-ST-ZIP					T ADDRESS					•	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in the company of the exemption stated in the company of the exemption stated in the company of the company of the exemption stated in the company of the exemption stated in the company of the comp											
12. I hereby certify that	the information supplied with	n this filing o	does not qualify for	the exer	notion stat	ed in Sectio	n 119.07(3)(i).	Florida Statutes, L:	further certif	v that the ir	nformation

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)