

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-08-2002 90130 003 ***550.00

DOCUMENT # P00000080697

1. Entity Name
OCEAN PRODUCTS, INC.

Principal Place of Business

**2621 WEST 69 TERRACE
HIALEAH FL 33016**

Mailing Address

**2621 WEST 69 TERRACE
HIALEAH FL 33016**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1595 West 34th Place
Suite, Apt. #, etc.
Hialeah Florida
City & State**

3. Mailing Address

**2621 West 69 Terrace
Suite, Apt. #, etc.
Hialeah Florida
City & State**

4. FEI Number **65-1041492**

Applied For
Not Applicable

Zip **33012**

Country **DADE**

Zip **33016**

Country **DADE**

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

6. Name and Address of Current Registered Agent

**GUEVARA, BRAULIO L
2621 WEST 69 TERRACE
HIALEAH FL 33016**

7. Name and Address of New Registered Agent

Name **DAYRA L. RIVERA**
Street Address (P.O. Box Number is Not Acceptable)
2621 West 69 Terrace
City **Hialeah Fla.** **FL** Zip Code **33016**

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

Dayra L. Rivera

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09-1-02

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	GUEVARA, BRAULIO L	
STREET ADDRESS	2621 WEST 69 TERRACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVERA, DAYRA L	
STREET ADDRESS	2621 WEST 69 TERRACE	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA DAYRA L.	
STREET ADDRESS	2621 West 69 Terrace	
CITY-ST-ZIP	Hialeah #1 33016	
TITLE	PR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUEVARA Braulio L	
STREET ADDRESS	2621 West 69 Terrace	
CITY-ST-ZIP	Hialeah #1 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/02)

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:

Dayra L. Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-1-02 305/362-9497

Date

Daytime Phone #