

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91609 040 ***150.00

0136/04
 AV

DOCUMENT # P01000025412

1. Entity Name

OCEAN INSURANCE CONSULTANTS, INC.

Principal Place of Business

6710 MAIN STREET SUITE 236
 MIAMI LAKES FL 33014

Mailing Address

6710 MAIN STREET SUITE 236
 MIAMI LAKES FL 33014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

903 Alton Road
 Suite, Apt. #, etc.

3. Mailing Address

903 Alton Road
 Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Miami Beach

4. FEI Number

65-1081983

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CRUZ, MARK
 6710 MAIN STREET SUITE 236
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name Reynaldo Diaz

Street Address (P.O. Box Number is Not Acceptable)

903 Alton Road

City Miami Beach

FL

Zip Code

33139

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]

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

(NOTE: Registered Agent signature required when reinstating)

5/1/02

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 \$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 DP
 NAME CRUZ, MARK ☒ Delete
 STREET ADDRESS 6710 MAIN STREET SUITE 236
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE DVTS
 NAME DIAZ, REYNALDO ☐ Delete
 STREET ADDRESS 6710 MAIN STREET SUITE 236
 CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DPTS ☒ Change ☐ Addition
 NAME Reynaldo Diaz
 STREET ADDRESS 903 Alton Road
 CITY-ST-ZIP Miami Beach, FL 33139

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

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

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

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

CR2E034 (9/01)

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02
 Date

Daytime Phone #