2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## FILED May 16, 2003 8:00 am Secretary of State 05-16-2003 90545 001 \*2,850.00

DOCUMENT # P01000041855  1. Entity Name OCEANMAR PARK APARTMENTS II, INC.							00 <b>10 2</b> 002	702 <b>1</b> 3 00 <b>1</b>	2,00	0.00	
Principal Place of Business Mailing Address 10221 E. BROADVIEW DRIVE BAY HARBOR ISLAND, FL 33154 BAY HARBOR ISLAND, FL 33154 Mailing Address 10221 E. BROADVIEW DRIVE BAY HARBOR ISLAND, FL						55641555					
2. Principal P	lace of Business 5 Pinctrec Dr. #, etc.	3. Mailing Address 4855 Pinctree Dr. Suite, Apt. #, etc.			·	CHECK HERE IF MAKING CHANGES					
City & State Black City & State Bl			FL			4. FEI Number Applied Applied Not App					7
Zip 331	Country	Zip 33140	Country			. Certificate	of Status Desired	60.75			1
Name and Address of Current Registered Agent     Name and Address of New Registered Agent										1	
CARABROS	MADTIN ID			Name	Ma	irtin	Cape	arros			
CAPARROS, MARTIN JR 10221 E. BROADVIEW DRIVE BAY HARBOR ISLAND, FL 33154				Street Ad			r is Not Acceptable)				1
					4855	5 <del>T</del>	Pinetree	Dr.			]
			ļ	City	mi	ami,	beach	∠ FL   <sup>z</sup>	ip Code	440	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, triad or printed name of registered agent and the if applicable.  (NOTE: Registered Agent signature sequired when reinstating)  OATE											
After	FLE NOWN: FEE IS \$150.00 May 1, 2003 Pee will be \$550.00 Payable to Florida Department o	(State)	_				ction Campaign Final st Fund Contribution.			D May Be to Fees	
10.	OFFICERS AND D		11.			ADDITIONS/	CHANGES TO OFFIC				ļ _
TITLE , NAME STREET ADDRESS	PSTD CAPARROS, MARTIN JR 10221 E. BROADVIEW DRIVE	☐ Delete	TITLE NAME	ADDRESS	•	rtin 55	Capar Pinetree	705 XI	ihange	☐ Addition	(10/07
CITY-ST-Z₽	BAY HARBOR ISLAND, FL 33154			51 - ZIP	. •	nam		3314	0		En34
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREET	ADDRESS		1011	· · · · · ·		hange	Addition	Je a C
TITLE NAME STREET ADDRESS		□ Defete	TITLE NAME STREET	I ADDRESS				c	hange	Addition	
CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS	<u> </u>			C	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		□ Delete	TITLE NAME STREET	ADDRESS					hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	101E NAMÉ	ADDRESS		,		□ c	hange	Addition	+
12. I hereby of indicated of the cor	certify that the information supplied with a on this report or suppliemental report is poration or the receiver prigrustee emporents.	this filing does not qualify for the true and accurate and that my wered to execute this report as	e exem signatu require	ption state re shall haved by Chap	d in Section we the samulater 607, Fig.	n 119.07(3)(i le legal effect onda Statutes	), Florida Statutes. I fi i as if made under oa s; and that my name	urther certify that th; that I am an appears in Bloc	at the In officer k 10 or	formation or director Block 11 if	