

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90368 028 \*\*\*150.00

**DOCUMENT # P02000074204**

1. Entity Name  
**OCEAN TILES DELIVERIES CORPORATION**



Principal Place of Business  
**3435 N.W. 3RD AVENUE  
MIAMI FL 33127**

Mailing Address  
**3435 N.W. 3RD AVENUE  
MIAMI FL 33127**

2. Principal Place of Business  
**9505 N.W. 2ND COURT**  
Suite, Apt. #, etc.

3. Mailing Address  
**9505 N.W. 2ND COURT**  
Suite, Apt. #, etc.

City & State  
**MIAMI - FLORIDA**  
Zip  
**33150**  
Country  
**U.S.A.**

City & State  
**MIAMI - FLORIDA**  
Zip  
**33150**  
Country  
**USA**

4. FEI Number  
**02-0630888**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTEZ, MARIA  
3435 N.W. 3RD AVENUE  
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**9505 N.W. 2ND COURT**  
City **MIAMI** FL Zip Code **33150**

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 *[Signature]*  
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-03-2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
MARIA ORTEZ  
9505 N.W. 2ND COURT  
MIAMI - FLORIDA - 33150** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-03-2003**  
Date

**(305) 757-9415**  
Daytime Phone #

CR2E034 (10/02)