## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 14, 2003 8:00 am Secretary of State

DOCUMENT # P02000101463  1. Entity Name  O. C. MARINE REPAIR INC.				
DO NOT WRITE			•	
2. Principal Place of Business 13792 SW 139 CT	3. Mailing Address 13792 5W 139 CF		•	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State MIAMI, PLORIDA	City & State MIAMI, RORIDA		4. FEI Number 42-1551175	Applied For Not Applicable
Zip Country 33/86 U.S.A.	Zip 33186	Country U. 5. 4.		\$8.75 Additional Fee Required
0.3.77		J. J. J.	7. Name and Address of Current Registered	
Name OMAR CASTRO				
The state of the s			P.O. Box Number is Not Acceptable) 3792 Sい /39 CT	
IN THIS SPACE				
		City	Ami FL	Zip Code 33/86
8. The above named entity submits this statement by the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE Signature Typed or printed name of equiptered age	A COTT. C	Registered Agent signature require	of when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1: May 1; Fee Is \$550.00 After May 1; Fee Is \$550.00 Trust Fund Contribution.  Added to Fees  Make Check Payable to Department of State				
)	D DIRECTORS	STATE OF THE SALES	The state of the s	The first
NAME PRESIDENT  NAME OMAR CASTRO	• •	TITLE NAME	The state of the s	
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13. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CONSTITUTE THE TOP OF BUILDING NAME OF SIGNING OFFICER OF DIRECTOR

Date

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