

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90158 016 ***150.00

DOCUMENT # **P93000082900**



1. Entity Name
OCEAN MANAGEMENT OF SOUTH FLORIDA, INC.

Principal Place of Business
**1230-38 OCEAN DR.
MIAMI BEACH FL 33139**

Mailing Address
**1230-38 OCEAN DR.
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0458492**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LESMARIE, XAVIER
1230-38 OCEAN DRIVE
MIAMI BEACH FL 33139**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DP BAIDET, JEAN	<input type="checkbox"/> Delete
STREET ADDRESS	1230-38 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME	DV GAUTHER, BERNARD	<input type="checkbox"/> Delete
STREET ADDRESS	1114-6 STAR HOUSE	
CITY-ST-ZIP	KOWLOV HO	
TITLE NAME	D GAUTHLER, LEE LEE	<input type="checkbox"/> Delete
STREET ADDRESS	1114-6 STAR HOUSE	
CITY-ST-ZIP	KOWLOV HO	
TITLE NAME	VP LESMARIE, XAVIER	<input type="checkbox"/> Delete
STREET ADDRESS	1230-38 OCEAN DRIVE	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED** *isomiric*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/03

Daytime Phone #

306 256 500

CR2E034 (10/02)