

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90545 001 *2,850.00

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

DOCUMENT # P97000018169

1. Entity Name
OCEANMAR PARK APARTMENTS, INC.



Principal Place of Business
 5779 NW 151 STREET
 MIAMI LAKES, FL 33014 US

Mailing Address
 10221 EAST BROADVIEW DRIVE
 BAY HARBOR, FL 33154 US

55041568

2. Principal Place of Business
4855 Pinetree Dr.
 Suite, Apt. #, etc.

3. Mailing Address
4855 Pinetree Dr.
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Beach
miami, FL

City & State
Beach
miami, FL

4. FEI Number **65-0736100**
 Applied For
 Not Applicable

Zip **33140** Country

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

6. Name and Address of Current Registered Agent
CAPARROS, MARTY
4235 W. 16TH AVENUE, #101
HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name **Martin Caparros**
 Street Address (P.O. Box Number Is Not Acceptable)
4855 Pinetree Dr.
 City **miami Beach FL** Zip Code **33140**

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 *Martin Caparros* DATE **5/1/03**
Signature, typed or printed name of registered agent and UBR filer applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 Fee will be \$350.00
 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	PSD CAPARROS, MARTY 10221 EAST BROADVIEW DRIVE BAY HARBOR, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martin Caparros 4855 Pinetree Dr. miami, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 I've empowered.

SIGNATURE: *Martin Caparros* DATE **5/1/03**
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (10/02)