

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.

City & State

Black
miami, FL

Zip

33140

Country

3. Mailing Address

4855 Pinetree Dr.

Suite, Apt. #, etc.

City & State

Black
miami, FL

Zip

33140

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0736100

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and is not applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW WITH 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

PSD
CAPARROS, MARTY
10221 EAST BROADVIEW DRIVE
BAY HARBOR, FL 33154

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Martin Caparros
4855 Pinetree Dr.
miami, FL 33140

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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 live empowered.

SIGNATURE:

Martin Caparros

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034 (10/02)