


**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 # P99000100342**

1. Entity Name  
**OCEANMAR APARTMENTS, INC.**



Principal Place of Business  
 5779 NW 151 ST  
 MIAMI, FL 33154

Mailing Address  
 10221 E BROADVIEW DR  
 MIAMI, FL 33154

**55041561**

2. Principal Place of Business  
**4855 Pinetree Dr.**

3. Mailing Address  
**4855 Pinetree Dr.**

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State *Black*  
**miami FL**

City & State *Black*  
**miami FL**

Zip Country  
**33140**

4. FEI Number  
**65-0960898**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPARROS, MARTIN JR**  
**4235 WEST 16TH AVENUE**  
**SUITE 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 *Black* **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 title if applicable. (NOTE: Registered Agent's signature required when resigning)

**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	PTD CAPARROS, MARTIN JR. 10221 E BROADVIEW DR BAY HARBOR, FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CAPARROS, PATRICIA 10221 E BROADVIEW DR 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

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	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
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

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: *Martin Caparros* DATE: **5/1/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)