

# 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

pg 1 of 2

**DOCUMENT #** 663670

**1. Entity Name**  
OVERSEAS SYSTEMS CORPORATION

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 16 PM 4:12

**Principal Place of Business**  
7469 SW 50 TERR.  
2nd. FLOOR  
MIAMI, FL 33155

**Mailing Address**  
SAME

**2. Principal Place of Business**  
7469 SW 50 TERRACE

**3. Mailing Address**  
7469 S.W. 50 TERRACE

Suite, Apt. #, etc.  
2ND. FLOOR

Suite, Apt. #, etc.  
2ND. FLOOR

**City & State**  
MIAMI, FL

**City & State**  
MIAMI, FL

DO NOT WRITE IN THIS SPACE

**Zip** 33155 **Country** USA **Zip** 33155 **Country** USA

**4. FEI Number** 59-1911318 **Applied For** ☐ **Not Applicable** ☒

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

**6. Name and Address of Current Registered Agent**  
PETER G. GRUBER, P.A.  
ONE DATRAN CENTER, SUITE 910  
9100 S. DADELAND BLVD.  
MIAMI, FL 33156

**7. Name and Address of New Registered Agent**

**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.**

**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 \$61.25** **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ARTURO I. ACUÑA 8210 SW 32 ND. AVE. MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004271316-8 -05/18/01--01083--011 *****61.25 *****61.25 <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
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.**

**SIGNATURE:** \_\_\_\_\_ **OSMINDO SANCHEZ SR - Pres** 5/14/01 305-667-3808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)

DOCUMENT #

663670

1. Entity Name

Overseas Systems Corporation

Pg. 2 of 2

Principal Place of Business

7469 SW 50th. Terrace  
2nd. Floor  
Miami, FL 33155

Mailing Address

6505 Blue Lagoon Dr.  
Suite 420  
Miami, FL 33126

2. Principal Place of Business

7469 SW 50th. Terrace

3. Mailing Address

7469 SW 50th. Terrace

Suite, Apt. #, etc.

2nd, Floor

Suite, Apt. #, etc.

2nd, Floor

City &amp; State

Miami, FL

City &amp; State

Miami, FL

4. FEI Number

59-1911318

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Peter G. Gruber, P.A.  
One Datan Center, Suite 910  
9100 S. Dadeland Blvd.  
Miami, FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

3. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See Criteria on back)**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Pres./CEO/COB	Osmundo Sanchez, Jr.	6810 Gratian Street Coral Gables, FL 33146	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Vice-Pres/COO/Dir.	Jorge L. Martinez	8461 Grand Canal Dr. Miami, FL 33144	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Vice-Pres/Dir.	Violet S. Bianchi	8101 SW 122 Street Miami, FL 33156	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Treasurer	Teresita J. Pino	9944 NW 49 Terrace Miami, FL 33178	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Secretary	Laura H. Rivera	6337 SW 85 Street Miami, FL 33143	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Vice Pres.	Alvaro J. Fernandez	8215 Lake Drive, Apt 3-B305 Miami, FL 33166	

13. 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 11 or Block 12 if changed or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name

CR2E034 (9/99)