

# 2001 UNIFORM BUSINESS REPORT (UBR)

020100

**DOCUMENT #** L00000002941  
**1. Entity Name**  
 BISEL OVERSEAS ENTERPRISES, L.L.C.

FILED  
 01 FEB 19 PM 5:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**Principal Place of Business**      **Mailing Address**  
 9200 S. DADELAND BLVD., SUITE 603      9200 S. DADELAND BLVD., SUITE 603  
 MIAMI FL 33156      MIAMI FL 33156

**2. Principal Place of Business**      **3. Mailing Address**  
 6595 NW 36 STREET      6595 NW 36 STREET  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 305-3**      **SUITE 305-3**  
 City & State      City & State  
**MIAMI, FLORIDA**      **MIAMI, FLORIDA**  
 Zip      Country      Zip      Country  
**33166**      **USA**      **33166**      **USA**

**4. FEI Number** 65-0993715      Applied For  
 Not Applicable  
**5. Certificate of Status Desired**  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CUEVAS, ANDREW ESQ.  
 9200 S. DADELAND BLVD., SUITE 603  
 MIAMI FL 33156

**7. Name and Address of New Registered Agent**  
 Name: **ANDREW CUEVAS, ESQ.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**536 BILTMORE WAY**  
 City: **CORAL GABLES**      **FL**      Zip Code: **33134**

**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: *Andrew Cuevas*  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM OSTILI MURATORI, PEDRO LUIS	9200 S. DADELAND BLVD., SUITE 603	MIAMI FL 33156	<input type="checkbox"/>
MGRM OSTILI MURATORI, MANLIO	9200 S. DADELAND BLVD., SUITE 603	MIAMI FL 33156	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGRM OSTILI MURATORI, PEDRO LUIS	6595 NW 36 STREET, SUITE 305-3	MIAMI, FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM OSTILI MURATORI, MANLIO	6595 NW 36 STREET, SUITE 305-3	MIAMI, FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Pedro Ostili*      **PEDRO L OSTILI**      **2/13/01**      **786-265 8138**  
 Signature and typed or printed name of signing managing member, manager, or authorized representative      Date      Daytime Phone #

CR2E083 (11/00)