

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90181 007 ***163.75

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

DOCUMENT # P93000005640
 1. Entity Name
 OVERSEAS LOGISTICS CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 SE 2nd St. Suite, Apt. #, etc. 17 Floor City & State Miami, Florida		3. Mailing Address 100 SE 2nd St. Suite, Apt. #, etc. 17 Floor City & State Miami, Florida	
Zip 33131-1101	Country USA	Zip 33131-1101	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name John Friedhoff
Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street
17 Floor
City Miami, FL Zip Code 33131-1101

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Stanzione, Franco A 9020 NW 12th St. Miami, Florida	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST Stanzione, Franco J 9020 NW 12th Street Miami, Florida	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCO STANZIONE 04/24/02 305.661.8198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #