

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90012 015 ***150.00

DOCUMENT # 306534**1. Entity Name**
OESTERLE CORPORATION**Principal Place of Business**
9506 SOUTH RED ROAD
MIAMI FL 33156**Mailing Address**
9506 SOUTH RED ROAD
MIAMI FL 33156**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1461402**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****OESTERLE, DOUGLAS WM.**
9506 RED ROAD SOUTH
A/K/A OESTERLE CORP
MIAMI FL 33156

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PSD	OESTERLE, DOUGLAS W.	9506 RED ROAD SOUTH	MIAMI FL	☐ Delete				☐ Change ☐ Addition
	PD	OESTERLE, MARK WM.	9506 RED ROAD SOUTH	MIAMI FL	☐ Delete				☐ Change ☐ Addition
	VD	OESTERLE, ROBERT A.	9506 RED ROAD SOUTH	MIAMI FL	☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition
					☐ Delete				☐ Change ☐ Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)