

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0062406 AV

DOCUMENT # 655950

1. Entity Name

OVERSEAS SHIPPERS, INC.



Principal Place of Business  
7241 S.W. 110TH TERRACE  
MIAMI FL 33156-4535

Mailing Address  
7241 S.W. 110TH TERRACE  
MIAMI FL 33156-4535

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2003139

Applied For  
Not Applicable

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

CAMBRIDGE, A S  
7241 S.W. 110TH TERRACE  
MIAMI FL

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CAMBRIDGE, A S  
STREET ADDRESS 7241 S.W. 110TH TERRACE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME CAMBRIDGE, C Y  
STREET ADDRESS 7241 S.W. 110TH TERRACE  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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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:

*Signature Required* 2 lies S. CAMBRIDGE 10/6/03 - 667-6859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)

FILED

03 OCT -9 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES



Alves S Cambridge  
7241 SW 110th Ter  
Miami FL 33156-4535

10.6.83

DIVISION OF CORPORATION  
P.O. BOX 1500,  
TALLAHASSEE FLORID 32302-1500

DEAR SIR

ENCLOSED PLEASE FIND CHECK #

IN THE AMMOUNT OF \$550.00

WE DO REMEMBER SENDING YOU A CHECK  
FOR \$150 IN APRIL TO COVER THE COST OF THE  
REPORT THEN.

WE HAVE TRIED UNSUCCESSFULLY TO GET THE  
INFORMATION BY PHONE.

KINDLY INVESTIGATE AND INFORM ME ACCORDINGLY

Yours Truly

A. A. Cambridge

PHONE 305-667-6854