

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30223

1. Entity Name

OVERSEAS CAPITAL CORPORATION

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90307 039 ***150.00

Principal Place of Business

2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES, FL 33134

Mailing Address

2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES, FL 33134-5418

2. Principal Place of Business

169 Miracle Mile
 Suite, Apt. #, etc.
 Suite R10

3. Mailing Address

169 Miracle Mile
 Suite, Apt. #, etc.
 Suite R10

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

59-2276714

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

ROSADO, JOSE F.
 2333 PONCE DE LEON BLVD.
 SUITE 650
 CORAL GABLES, FL 33134

Name
 JOSE F. ROSADO
 Street Address (P.O. Box Number is Not Acceptable)
 169 Miracle Mile, Suite R10

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2000

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-ST-ZIP	<input type="checkbox"/> Delete
PST	ROSADO, JOSE	2333 PONCE DE LEON BLVD., SUITE 650	CORAL GABLES, FL	<input type="checkbox"/>
D	ROSADO, JOSE	2333 PONCE DE LEON BLVD., SUITE 650	CORAL GABLES, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		169 Miracle Mile Suite R10	Coral Gables, FL 33134	<input checked="" type="checkbox"/>
		169 Miracle Mile, Suite R10	Coral Gables, FL 33134	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

4/27/2000

305-447-8697

CR2E034 (9/99)