2002 UNIFORM BUSINESS REPORT (UBR)

JORGE N

SIGNATURE:

63.65

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

FILED Mar 22, 2002 8:00 am Secretary of State G61470 DOCUMENT # 1. Entity Name FLORIDA OVERSEAS SERVICES. INC. 03-22-2002 90025 017 ***158.75 Mailing Address Principal Place of Business 7236 N W 70TH STREET 7236 N W 70TH STREET UUUZUUU **MIAMI FL 33166** MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 2569 NW 74TH AVE 2569 NW 74TH AVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2360453 MIAMI FL MIAMI FL Not Applicable Country / \$8.75 Additional Zip Country Zip 5.-Certificate of Status Desired ХX 33122 Fee Required U.S.A. 33122 U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAZ, JORGE N Street Address (P.O. Box Number is Not Acceptable) 2225 S.W. 21 TERRACE **MIAMI FL 33145** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition TITLE ☐ Delete TITLE DIAZ, JORGE N. NAME NAME 2225 S.W. 21 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ■ Delete TITLE TITLE DIAZ, SECUNDINO NAME NAME 1395 NW 34TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL-CITY-ST-ZIP. ☐ Change ☐ Addition Delete TITLE TITLE DIAZ, GEORGINA NAME NAME STREET ADDRESS 1395 NW 34TH AVE STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.

(305)341-1020

Daytime Phone #

03-07-02

Date