

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G80761

1. Entity Name

U.S. OVERSEAS ASSURANCE LTD. INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90306 001 ***793.75

Principal Place of Business

Mailing Address

3785 N.W. 82ND AVENUE
 SUITE 211
 MIAMI FL 33166

3785 N.W. 82ND AVENUE
 SUITE 211
 MIAMI FL 33166-6630

12803



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2379228

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

ESQUIVEL, J. AL, DR.
 9955 SW 87TH CT
 MIAMI FL 33176

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCS
 NAME ESQUIVEL, J. AL, DR.
 STREET ADDRESS 9955 SW 87TH CT
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
 NAME ESQUIVEL, J. AL, DR.
 STREET ADDRESS 9955 SW 87TH CT
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE VD
 NAME CARRIO, MARLENE
 STREET ADDRESS 9955 SW 87TH COURT
 CITY-ST-ZIP MIAMI FL ☐ Delete

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

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

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

Date

Daytime Phone #

04-18-00 305-591-2308

034 (9/99)