

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90127 037 ***158.75

DOCUMENT # L18446

1. Entity Name

OVERSEAS INDUSTRIAL MANUFACTURING COMPANY

Principal Place of Business

8290 NW 27 STR
STE 603
MIAMI FL 33122
US

Mailing Address

8290 NW 27 STR
STE 603
MIAMI FL 33122
US

2. Principal Place of Business

9415 SW 72 ST

3. Mailing Address

9415 SW 72 ST

Suite, Apt. #, etc.

#252

Suite, Apt. #, etc.

#252

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

Dade

Zip

33173

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0158146

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESA, MANUEL A
MESA, RODRIGUEZ & MACHADO, PA
1000 BRICKELL AVE, SUITE 660
MIAMI FL 33131-3014

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS MOLINA, NESTOR
CITY-ST-ZIP 8290 NW 27 STR #603
MIAMI FL

TITLE ☐ Delete
NAME D
STREET ADDRESS MOLINA, MARTA
CITY-ST-ZIP 8290 NW 27 STR #603
MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Molina, Nestor
CITY-ST-ZIP 10526 SW 89 PL
Miami, FL 33176

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Marta Molina
CITY-ST-ZIP 10526 SW 89 PL
Miami, FL 33176

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

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

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

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:

Marta Molina Marta Molina

04/16/01 305-412-1981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)