

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M55236

1. Entity Name

OVERSEAS MARINE CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90028 011 ***150.00

Principal Place of Business

Mailing Address

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

169 Miracle Mile

Suite, Apt. #, etc.

Suite R10

City & State

Coral Gables FL

Zip

33134

Country

USA

3. Mailing Address

169 Miracle Mile

Suite, Apt. #, etc.

Suite R10

City & State

Coral Gables FL

Zip

33134

Country

USA

4. FEI Number

59-2843438

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

GUTTMAN, RICHARD ESQ
C/O CARLTON FIELDS WARD EMMANUEL, PA
100 SE 2ND STREET, STE 4000
MIAMI FL 33131

Name

Jose F Rosado

Street Address (P.O. Box Number is Not Acceptable)

169 Miracle Mile

Suite R10

Coral Gable

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)

4/27/2000
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

TITLE DPT ☐ Delete

NAME ROSADO, JOSE F.

STREET ADDRESS 2333 PONCE DE LEON BLVD. #650

CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ Delete

NAME ROSADO, JOSE F.

STREET ADDRESS 2333 PONCE DE LEON BLVD. #650

CITY-ST-ZIP CORAL GABLES 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

STREET ADDRESS 169 Miracle Mile, Suite R10

CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 169 Miracle Mile, Suite R10

CITY-ST-ZIP Coral Gables, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 305-447-8697
DATE Daytime Phone #

CR2E034 (9/99)