

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

3. Mailing Address

169 Miracle Mile
Suite, Apt. #, etc.
Suite R10
City & State
Coral Gables FL
Zip
33134 Country
USA

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

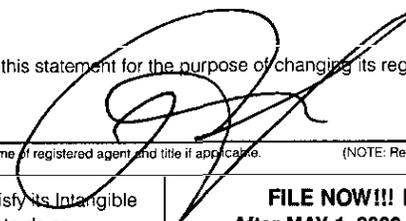
6. Name and Address of Current Registered Agent

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

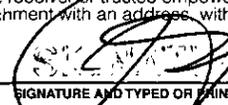
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | DPT | <input type="checkbox"/> Delete |
| NAME | ROSADO, JOSE F. | |
| STREET ADDRESS | 2333 PONCE DE LEON BLVD. #650 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ROSADO, JOSE F. | |
| STREET ADDRESS | 2333 PONCE DE LEON BLVD. #650 | |
| CITY-ST-ZIP | CORAL GABLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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