

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003773

1. Entity Name

MISSION OVERSEAS SERVICES CORPORATION

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90119 007 \*\*\*\*61.25

Principal Place of Business  1315 CAMPO SANO AVE CORAL GABLES FL 33140-1165 US	Mailing Address  1315 CAMPO SANO AVE. CORAL GABLES FL 33146-1165 US
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2. Principal Place of Business 950 University Dr.	3. Mailing Address 950 University Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables, FL	City & State Coral Gables FL	4. FEI Number 65-0726713	Applied For Not Applicable
Zip 33134	Country USA	Zip FL 33146	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  NOSTRO, LOUIS 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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] (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESENBERY, WILLIAM F III 1315 CAMPO SANO AVE CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESENBERY, MARY BELLE 600 BILTMORE WAY, APT. 1014 CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUESENBERY, MELISSA E 1315 CAMPO SANO AVE CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 1/26/00 (305) 444-8435, ext 27  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)