

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90044 019 ****61.25

DOCUMENT # N96000003773

1. Entity Name

MISSION OVERSEAS SERVICES CORPORATION

Principal Place of Business

950 UNIVERSITY DR
 CORAL GABLES FL 33134
 US

Mailing Address

950 UNIVERSITY DR
 CORAL GABLES FL 33134
 US

2. Principal Place of Business

1315 Campo Sano Ar
 Suite, Apt. #, etc.

3. Mailing Address

1315 Campo Sano Ar
 Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip 33146-1165
 Country USA

City & State

Coral Gables FL

Zip 33146-1165
 Country USA

4. FEI Number

65-0726713

Applied For

Not Applicable

5. Certificate of Status Desired ☒ - \$8.75 Additional Fee Required

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

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

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

TITLE* D ☐ Delete
 NAME QUESENBERRY, WILLIAM F III
 STREET ADDRESS 1315 CAMPO SANO AVE
 CITY-ST-ZIP CORAL GABLES FL

TITLE* D ☐ Delete
 NAME QUESENBERRY, MARY BELLE
 STREET ADDRESS 600 BILTMORE WAY, APT. 1014
 CITY-ST-ZIP CORAL GABLES FL

TITLE* D ☐ Delete
 NAME QUESENBERRY, MELISSA E
 STREET ADDRESS 1315 CAMPO SANO AVE
 CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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 CITY-ST-ZIP

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:

W F Quesenberry III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/02

Date

305 665-0903
 Daytime Phone #

CR2E037 (9/01)