

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
03-08-2001 90015 023 ***150.00

DOCUMENT # P00000009627

1. Entity Name

OVERSEAS BUSINESS SERVICES, INC.

Principal Place of Business

18172 SW 33 STREET
MIRAMAR FL 33029

Mailing Address

18172 SW 33 STREET
MIRAMAR FL 33029

2. Principal Place of Business

3600 S. STATE ROAD 7

Suite, Apt. #, etc.

SUITE 371

City & State

MIRAMAR-FLORIDA

3. Mailing Address

3600 S. STATE ROAD 7

Suite, Apt. #, etc.

SUITE 371

City & State

MIRAMAR-FLORIDA

Zip

FL 33023

Country

USA

Zip

FL 33023

Country

USA

4. FEI Number

65-0977727

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEIXOTO, EDUARDO R
18172 SW 33 STREET
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name

MONICA A PEIXOTO

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

3600 S. STATE ROAD 7 suite 371

City

MIRAMAR - FL

FL

Zip Code

33023

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 **EDUARDO R PEIXOTO VSD**

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	PTD	<input type="checkbox"/> Delete
NAME	PEIXOTO, MONICA A	
STREET ADDRESS	18172 SW 33 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PEIXOTO, EDUARDO R	
STREET ADDRESS	18172 SW 33 STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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: **EDUARDO R PEIXOTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-9626033

CR2E034 (10/00)