## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

th all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P00000025296 OVERSEAS MARKETING, INC. 4-27-2001 90301 030 \*\*\*150.00 Mailing Address Principal Place of Business 5011 SAGO PALM CIRCLE 5011 SAGO PALM CIRCLE TAMARAC FL 33319 TAMARAC FL 33319 645626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORNSTEIN, MARVIN T ESQ. Street Address (P.O. Box Number is Not Acceptable) 2138 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 City Zin 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 F.orida. SIGNATURE Signature, typed or printed name of registered agent and fit elif applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE 18 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Elake Chook Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE D ☐ Delete TITUE Addition NAME NAME EL-ABED, HASSAN STREET ADDRESS STREET ADDRESS 5011 SAGO PALM CIRCLE CITY-ST-ZIP CHY-ST-ZIP TAMARAC FL 33319 TITLE Detete TITLE Change Acdition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Additio: TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CiTY-ST-ZIP TITLE Delete TITLE Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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