

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90110 020 ***150.00

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AV

DOCUMENT # P00000098204

1. Entity Name
L.C. OVERSEAS INVESTMENTS CORP.

Principal Place of Business

**18480 N.W. 19TH STREET
PEMBROKE PINES FL 33209
US**

Mailing Address

**18480 N.W. 19TH STREET
PEMBROKE PINES FL 33209
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18480 NW 19TH ST

Suite, Apt. #, etc.

3. Mailing Address

18480 NW 19TH ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number 65-1054021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMINO, LUIS B
18480 N.W. 19TH STREET
PEMBROKE PINES FL 33209**

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

**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, 2002 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 V ☐ Delete
NAME CAMINO, EDITH M
STREET ADDRESS 18480 N.W. 19TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33209

TITLE P ☐ Delete
NAME CAMINO, LUIS B
STREET ADDRESS 18480 NW 19TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Change ☐ Addition
NAME CAMINO, EDITH M
STREET ADDRESS 18480 NW 19TH ST
CITY-ST-ZIP PEMBROKE PINES, FL 33029

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

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4/25/02

CR2E034 (9/01)