2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P00000106360 1. Entity Name OVERSEAS RESOURCES, INC. 04-25-2001 90081 019 ***150.00 Principal Place of Business Mailing Address 2008 COOLIDGE STREET 2008 COOLIDGE STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1<u>066710</u> Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MYOFIS nartes ACUNA, GEORGE M Street Address (P.O. Box Number is Not Acceptable) 2008 COOLIDGE STREET HOLLYWOOD FL 33020 Zip Code 3302c 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Addition Addition Delete TITLE FIDEL ACUNA NAME NAME ACUNA, GEORGE M 5008 cooploggest STREET ADDRESS STREET ADDRESS 2008 COOLIDGE STREET CITY-ST-ZIP CITY-ST-ZIP HOLYWOOD PL HOLLYWOOD FL 33020 **™**Addition ☐ Change TITLE TITLE Andrew Tesclem NAME ACUNA, ALEXANDER NAMÉ STREET ADDRESS STREET ADDRESS ZOUY COOLITIE 2008 COOLIDGE STREET CITY-ST-ZIP CITY-ST-ZIP 40115 12000 **3302**0 HOLLYWOOD FL 33020 Change -- Addition TITLE D. TITLE NAME NAME ACUNA, NELDA A STREET ADDRESS STREET ADDRESS 2008 COOLIDGE STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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. or the corporation or the receiver of tr changed, or on an attachment with a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tesslop