

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91180 008 ***158.75

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DOCUMENT # P02000043134



1. Entity Name
OVERSEAS BUSINESS CONSULTANT GROUP, INC.

Principal Place of Business
**5217 N.W. 79 AVE
MIAMI FL 33166**

Mailing Address
**5217 N.W. 79 AVE
MIAMI FL 33166**



2. Principal Place of Business
7757 S.W 4 ST
Suite, Apt. #, etc.

3. Mailing Address
7757 S.W 4 ST
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
04-3654575

Applied For
Not Applicable

Zip
33144

Country
USA

Zip
33144

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE CUBA, PABLO ALBERTO
7757 S.W. 4 STREET
MIAMI FL 33144**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD DE CUBA, PABLO ALBERTO**
STREET ADDRESS **7757 S.W. 4 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE Change Addition
NAME **VPD JOHN H CABANAS**
STREET ADDRESS **7757 S.W 4 ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE Delete
NAME **VPD LOPEZ, JUAN JOSE**
STREET ADDRESS **7757 S.W. 4 STREET**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE Change Addition
NAME **S-T ANA FERNANDEZ**
STREET ADDRESS **7757 S.W 4 ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE Delete
NAME **S-T ROBERTO TORRES**
STREET ADDRESS **7757 S.W 4 ST**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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 607, 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: **PABLO ALBERTO DE CUBA** *[Signature]* **03/03/03 (386) 296-4941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)