

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90169 020 ***150.00

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1. Entity Name
TRIMARK OVERSEAS CORP.



Principal Place of Business
520 BRICKELL KEY DR STE 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DR STE 0-305
MIAMI FL 33131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0555870

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL KEY DR STE 0-305
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D/P** **Paulo Fernandes** ☐ Delete
NAME
STREET ADDRESS **520 Brickell Key Dr. #305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **AS** **Nicholas Stanham** ☐ Change ☒ Addition
NAME
STREET ADDRESS **520 Brickell Key Dr. #305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VP/S** **Magaly Cristina Procopio** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP/S** **Magaly Cristina Procopio** ☐ Change ☒ Addition
NAME
STREET ADDRESS **520 Brickell Key #305**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **AS** **Nicholas Stanham** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

Sec. 4/14/03 (405) 374 3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)