

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-17-2002 90110-035 *****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS
P95000071411

DOCUMENT # P95000071411

1. Entity Name

OFFSHORE MANAGEMENT SERVICES, INC.

02 SEP 24 PM 12:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1580 SE 26TH ST.

3. Mailing Address
PO BOX 21852

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number
65-0792307

Applied For
Not Applicable

Zip
33318

Country
USA

Zip
33335

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARAN, CORREA & GUACH, P.A.

Street Address (P.O. Box Number is Not Acceptable)

710 S. DIXIE HIGHWAY

City
CORAL GABLES

FL Zip Code
33146

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 UBR 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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
NAME **D MARSHALL, JOHN M.**
STREET ADDRESS
CITY - ST - ZIP **1580 SE 26TH ST.
FT. LAUDERDALE, FL. 33316**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/10/02

(954) 767-8990

Date

Daytime Phone #

CR2E0348 (12/01)