

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90023 001 ***150.00

769767

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000084542
1. Entity Name OVERSEAS ENTERPRISES INC. ✓

Principal Place of Business 1117 PALM BEACH LAKES BLVD
 WEST PALM BEACH FL-33401
Mailing Address

2. Principal Place of Business 1117 PALM BEACH LAKES

3. Mailing Address
 Suite, Apt. #, etc. BLVD

City & State WEST PALM BEACH

Zip FL- **Country** PALM BEACH **Zip** 33401 **Country**

4. FEI Number 65-0636134 **Applied For**
 Not Applicable

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
 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 _____ (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, 2001- Fee will be \$550.00~~
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME NURUL HARQUE STREET ADDRESS 4379 A WILLOW POND ROAD CITY-ST-ZIP WEST PALM BEACH FL-33417	<input type="checkbox"/> Delete
TITLE SEC & TREASURE NAME MOHAMMED ALI STREET ADDRESS 5150, WILLOW POND ROAD WEST CITY-ST-ZIP WEST PALM BEACH FL-33417	<input type="checkbox"/> Delete
TITLE VICE PRESIDENT NAME CHOWDHURY F. HUSSAIN STREET ADDRESS 5082, WILLOW POND ROAD WEST CITY-ST-ZIP WEST PALM BEACH FL-33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 2 Mohammed Ali. MOHAMMED ALI. 05/02/01 (561) 655-8910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)