

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90043 002 ***150.00

DOCUMENT # P95000084542

1. Entity Name
OVERSEAS ENTERPRISES, INC.



Principal Place of Business
1117 PALM BEACH
LAKE BLVD
WEST PALM BEACH, FL 33401

Mailing Address
1117 PALM BEACH
LAKE BLVD
WEST PALM BEACH, FL 33401

94031299



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0636134

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HAQUE, NURUL
4379 A WILLOW POND RD.
WEST PALM BEACH, FL 33417

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
HAQUE, NURUL
4379 A WILLOW POND RD
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
ALI, MOHAMMED
5750 WILLOW POND ROAD WEST
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
HUSSAIN, CHOWDHURY F
5082 WILLOW POND RD. WEST
WEST PALM BEACH, FL 33417

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ 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: NURUL HAQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NURUL HAQUE PRESIDENT

3/14/04

Date

(561) 655-8910

Daytime Phone #