## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 19, 2001 8:00 am Secretary of State **DOCUMENT #** P96000019131 1. Entity Name 04-19-2001 90064 017 \*\*\*150.00 Overseas Engineering Group Corp Mailing Address Principal Place of Business C0049284 P.O. Box 5659 113 Woodlake Circle Lake Worth, FL 33463 Lake Worth, FL 33466-5659 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Not Applicable 65-0649049 Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Dell Sala, Victor L. Street Address (P.O. Box Number is Not Acceptable) . 113 Woodlake Circle Della Sala, Vittorio 113 Woodlake Circle Lake Worth, FL 33463 Zip Code 33463 Worth, 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. X Delete Change Addition TITLE D/P/S/T TITLE Della Sala, Vittorio NAME NAME STREET ADDRESS STREET ADDRESS 113 Woodlake Circle Lake Worth, FL 33463 CITY - ST - ZIP CITY - ST - ZIP D/P/S/T Change X Addition Defete TITLE TITLE Della Sala, Victor L. NAME NAME STREET ADDRESS 113 Woodlake Circle STREET ADDRESS CITY - ST - 7IP CITY - ST - ZIP Lake Worth, FL 33463 Change Addition \_\_\_\_Delete TITLE\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 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. 561-433-8273 SIGNATURE: Victor L. Della Sala SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

STF FL32381F.1