2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90279 028 ***150.00

DOCUMENT # P96000084150

1. Entity Name
Offshore Environmental Systems, Inc.

768573

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1717 North Bayshore Dr. Suite 2600 Miami FL. 33132	1717 North Bayshore Dr. Suite 2600 Miami Fl. 33132

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 65-0826698 ☐ 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
Cooper Cars 200 N.E 14th St Pompano Beach FL. 33062	Name: Barbara Bienvenu Street Address (P.O. Box Number is Not Acceptable): 1717 N. Bayshore Dr. Apt 2034 City: Miami FL Zip Code: 33132

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: X [signature] April 26/01
Signature, typed or printed name of registered agent and title 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) ☐

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE D NAME Kindall Roland STREET ADDRESS 1717 N. Bayshore Dr 2600 CITY-ST-ZIP Miami FL 33132	☒ Delete	TITLE D/P NAME President - Director Thorleif Berg STREET ADDRESS 1717 N. Bayshore Dr #2600 CITY-ST-ZIP Miami FL. 33132	☐ Change ☒ Addition
TITLE D NAME Benitez Carlos STREET ADDRESS 1717 N. Bayshore Dr #2600 CITY-ST-ZIP Miami FL 33132	☐ Delete	TITLE NAME Director Julio Andino STREET ADDRESS 1717 N. Bayshore Dr #2600 CITY-ST-ZIP Miami FL 33132	☐ Change ☒ Addition
TITLE D NAME Bienvenu Barbara STREET ADDRESS 1717 N. Bayshore Dr 2600 CITY-ST-ZIP Miami FL. 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME Degredo Ronald STREET ADDRESS 1717 N. Bayshore Dr #2600 CITY-ST-ZIP Miami FL 33132	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME Ferrito Joseph STREET ADDRESS 1717 N. Bayshore Dr 2600 CITY-ST-ZIP Miami FL. 33132	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: X [signature] Thorleif Berg 305-371-5239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #