

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088002

1. Entity Name

OVERSEAS PURCHASING SERVICES, INC.

FILED

Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90023 003 ***150.00

Principal Place of Business

Mailing Address

~~8501 NW 72 ST~~
~~MIAMI HO 33166~~
~~US~~

~~8591 NW 72 ST~~
~~MIAMI HO 33166-2349~~
~~US~~

2. Principal Place of Business

8611 NW 72ND STREET

3. Mailing Address

8611 NW 72ND STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0718335

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

~~TORIELLO-PASSERELLI, MARIO R~~
~~8591 NW 72 ST~~
~~MIAMI FL 33166~~

Name

MARIO R. TORIELLO-PASARELLI

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

8611 NW 72ND STREET

City

MIAMI

FL

Zip Code

33166

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 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, 2000 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 PD ☐ Delete
NAME TORIELLO, MARIO R
STREET ADDRESS 5845 NW 112 CT.
CITY-ST-ZIP MIAMI FL 33178

TITLE PD ☒ Change ☐ Addition
NAME TORIELLO, MARIO R.
STREET ADDRESS 5845 NW 112 CT
CITY-ST-ZIP MIAMI, FL. 33178

TITLE VD ☐ Delete
NAME CANO, ELIZABETH
STREET ADDRESS 5845 NE 112 CT.
CITY-ST-ZIP MIAMI FL 33178

TITLE V/T/D ☒ Change ☐ Addition
NAME CANO, ELIZABETH
STREET ADDRESS 5845 NW 112 CT
CITY-ST-ZIP MIAMI, FL. 33178

TITLE TD ☒ Delete
NAME CANO, CLARA A
STREET ADDRESS 7855 SW 129 TERR.
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

(305) 436-8925

Daytime Phone #

CR2EN34 (9/99)