

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000028342

1. Entity Name
OVERSEAS AUTO EXPORTS INC.



FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90286 005 ***150.00

Principal Place of Business
1025 S. SEMORAN BLVD.
SUITE 1093
WINTER PARK FL 32792

Mailing Address
1025 S. SEMORAN BLVD.
SUITE 1093
WINTER PARK FL 32792

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3435402

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

ODEH, KHALED
1025 S. SEMORAN BLVD., STE. 1093
WINTER PARK FL 32792

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 P/D SAID ALARAJ
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME KHALED, ODEH ☒ Delete
STREET ADDRESS 933 DREPSEN HOOK DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE P/D
NAME SAID ALARAJ ☒ Change ☐ Addition
STREET ADDRESS 725 EGRET LANDING PL #201
CITY-ST-ZIP Orlando FL- 32825

TITLE D
NAME SAID, ALARAJ ☐ Delete
STREET ADDRESS 725 EGRET LANDING BLVD., #201
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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

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: SAID ALARAJ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03

407-257-7783

Date

Daytime Phone #

CR2E034 (10/02)