

DOCUMENT # P97000083487

1. Entity Name  
OVERSEAS INTERNATIONAL, INC.

FILED  
Jan 12, 2001 8:00 am  
Secretary of State

01-12-2001 90028 026 \*\*\*150.00

Principal Place of Business  
1000 SOUTH OCEAN BLVD. SUITE 15H  
POMPANO BEACH FL 33062

Mailing Address  
1000 SOUTH OCEAN BLVD. SUITE 15H  
POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1000 S OCEAN BLVD  
Suite, Apt. #, etc.  
SUITE 15H  
City & State  
POMPANO BEACH FL  
Zip  
33062  
Country  
BROWARD

3. Mailing Address  
1000 S OCEAN BLVD  
Suite, Apt. #, etc.  
SUITE 15H  
City & State  
POMPANO BEACH FL  
Zip  
33062  
Country  
BROWARD

4. FEI Number 65-0806126  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
KRESLER, SHELDON  
10005 OCEAN BLVD  
STE 15H  
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent  
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.  
SIGNATURE *Sheldon Kresler*  
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	
TITLE	PD <input type="checkbox"/> Delete
NAME	KRESLER, SHELDON
STREET ADDRESS	1060 SOUTH OCEAN BLVD STE 15H
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	D <input type="checkbox"/> Delete
NAME	WALKER, WILLIAM
STREET ADDRESS	2655 S. BAYSHORE DR. #216
CITY-ST-ZIP	COCONUT GROVE FL 33133
TITLE	ST <input type="checkbox"/> Delete
NAME	MALTEL, KAREN
STREET ADDRESS	1060 S. OCEAN BLVD #15H
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON KRESLER
STREET ADDRESS	1000 S. OCEAN BLVD. STE 15H
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2961 S BAYSHORE DR. # 6A
STREET ADDRESS	COCONUT GROVE FL 33133
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN KRESLER
STREET ADDRESS	1000 S OCEAN BLVD #15H
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Sheldon Kresler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/4/01 Daytime Phone # 954-781-0053

CR2E034 (10/00)