2001 Uniform Business Report (UBR)							
DOCUMENT# p97000083487 AMENDED REPORT							
OVERSEAS INTERNATIONAL, INC.							
Principal Place of Business			Mailing Address		·	FILED	
						01 MAY 31 PM 12: 14	
						SECRETARY OF STATE	
	Place of Busi	ness th Avenue	3. Mailing Address 2700 S.W. 37tl	ı Aveni		TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc.			Suite, Apt. #, erc.			DO NOT WRITE IN THIS SPACE	
City & State Miami, FL			City & State Miami, FL			4. FEI Number Applied For . 65-0806126 Not Applicable	
33133		Country Zio 33133		Country	SA	S. Certificate of Status Desired	
6. Name and Address of Current Registere			ent Registered Agent		Name	7. Name and Address of New Registered Agent	
Sheldon Kresler 10005 S. Ocean Blvd.					Louis J. Terminello, Esq.		
Suite #15H					Street Address (P.O. Box Number is Not Acceptable) Terminello & Terminello, P.A.		
Pompano Beach, FL 330			102		City	2700 S.W. 37th Avenue ### FL Zip Code	
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 5\23\01							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible							
Tax filing requirement and elects to do so. (See criteria on back) After MAY (1,2001 Fee will/be \$550.00 Make (Check Payable) to Department of State.							
11.		OFFICERS AN	ID DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME		,	Detere	NAME		esident, Director xx Change Addition easurer	
STREET ADDRESS CITY-ST-ZIP				STREET A	IVI.	esler, Sheldon 00 S.W. 37th Ave., Miami, L 33133	
TITLE NAME			Delete	TITLE	Vi	ce-Pres., Secretary, Direct©nChange x□ Addition lker, William	
STREET ADDRESS			•	STREET A	DDRESS 27	00 S.W. 37th Avenue	
TITLE		<u></u>	☐ Delete	TITLE	Mi	a mi, FL 33133 ☐ Change ☐ Addition	
NAME STREET ADDRESS				NAME STREET A		3000044215538 -06/15/0101018015	
CITY-ST-ZIP TITLE		***	Delete	CITY-ST-	-ZIP	*************************************	
NAME Street address				NAME STREET A	DDRESS		
CITY-ST-ZIP				CITY-ST-	-ZIP	· Change Addition	
NAME			Delete	NAME	DDDECC	· Change L. Adulton	
STREET ADDRESS CITY - ST - ZIP				STREET A)	. \	
TITLE NAME			☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS CITY - ST - ZIP	<i>{</i>			STREET AI	ļ.	A,	
13. I hereby certify that the information supplied with this fling 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 trulster employered 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 in an active 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 trulster employered.							
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
SIGNATURE: 05/23/01 (305) 444=5002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							