2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000048452** Apr 07, 2000 8:00 am Secretary of State OVERSEAS SALES AND EQUIPMENT, INC. 04-07-2000 90026 046 ***150.00 Principal Place of Business Mailing Address 10260 S.W. 169TH STREET 10260 S.W. 169TH STREET MIAMI FL 33157-4222 MIAMI FL 33157 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0837440 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCINTOSH, PAUL A Street Address (P.O. Box Number is Not Acceptable) 10260 S.W. 169TH STREET **MIAMI FL 33157** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00. 9. This corporation_is_eligible_to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE MCINTOSH, PAUL A NAME STREET ADDRESS 10260 S.W. 169TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33157** ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP De ete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - 719 I hereby certify that the information supplied indicated on this report or supplemental report mption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lature shall have the same legal effect as if made under path; that I am an officer or director uired by Chapter 607, Florida Statutes; and they my name appears in Block 11 or Block 12 if of the corporation or the receiver or tru changed, or on an attachment with a