

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063411

1. Entity Name

OVERSEAS UNLIMITED, CORP.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90029 030 ***150.00

Principal Place of Business Mailing Address
9187 FONTAINEBLEAU BLVD., SUITE 11 9187 FONTAINEBLEAU BLVD., SUITE 11
MIAMI FL 33172 MIAMI FL 33172-6313

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0934239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PUIGJANE, ESTEBAN
9187 FONTAINEBLEAU BLVD., SUITE 11
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

JE OYANCE & Associates

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

199 S.W. 12TH AVE, STE 11

City

MIAMI

FL

Zip Code

33130

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 of person authorized to change 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

TITLE P
NAME PUIGJANE, ESTEBAN
STREET ADDRESS 9187 FONTAINEBLEAU BLVD.
CITY-ST-ZIP SUITE 11
MIAMI, FL 33172

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/24/00

Daytime Phone #

205-324-2248