

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91169 029 ***150.00

DOCUMENT # P99000063411

1. Entity Name

OVERSEAS UNLIMITED, CORP.

Principal Place of Business
 9187 FONTAINEBLEAU BLVD.
 SUITE 11
 MIAMI, FL 33172

Mailing Address
 SAME

771272

2. Principal Place of Business
 9187 FONTAINEBLEAU BLVD.

3. Mailing Address
 199 SW 12TH AVENUE

Suite, Apt. #, etc.
 SUITE 11

Suite, Apt. #, etc.
 SUITE 11

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number 65-0934239

Applied For
☐ **Not Applicable**

Zip 33172

Country
 USA

Zip 33130-1056

Country
 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

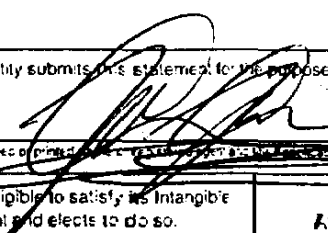
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name JORGE E. OYARCE
Street Address (P.O. Box Number is Not Acceptable)
 JE OYARCE & ASSOCIATES, ACCOUNTING OFFICES
 199 SW 12TH AVENUE, STE 11
City MIAMI **FL** **Zip/Cops** 33130-1056

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  **JORGE E. OYARCE** **4/23/01** **305-324-2248**
Signature typed or printed in black ink. Signature required when registering.

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE P/D **NAME** PUIGJANE ESTEBAN ☐ **Delete**
STREET ADDRESS 9187 FONTAINEBLEAU BLVD., STE 11
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate to the best of my knowledge. I, the undersigned, 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 637, 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 information.

SIGNATURE  **ESTEBAN PUIGJANE, PRESIDENT** **4/23/01**