

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077656

1. Entity Name

OVERSEAS LINK U.S.A., INC.

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90098 027 \*\*\*158.75

Principal Place of Business  
1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134-3343

Mailing Address  
1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134-3343

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ-GALARRAGA, JORGE  
1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134-3343

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

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, 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	D	<input type="checkbox"/> Delete
NAME	LTDA, ITC SOCIEDAD	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134-3343	
TITLE	D / S	<input type="checkbox"/> Delete
NAME	MARTINEZ DE GUZMAN, MARIA BEATRIZ	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134-3343	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN MARTINEZ, MARIA ISABEL	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134-3343	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARIAS, JOSE LUIS PARRA	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134-3343	
TITLE	D / P	<input type="checkbox"/> Delete
NAME	MARIN, FULVIO GUZMAN	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134-3343	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, SANDRA LILIANA GUZMAN	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES FL 33134-3343	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUZMAN MARTINEZ, FERNANDO AUGUSTO	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES, FL 33134-3343	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	URIBE NAVARRO, OLGA LUCIA	
STREET ADDRESS	1313 PONCE DE LEON BLVD., SUITE 301	
CITY-ST-ZIP	CORAL GABLES, FL 33134-3343	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FULVIO GUZMAN MARIA  
PRESIDENT

2/15/00

Date

(305) 445-5851

Daytime Phone #

CR2E034 (9/99)