

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077656

1. Entity Name

OVERSEAS LINK U.S.A., INC.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90067 032 \*\*\*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

UUU1007U



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1020093

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

Name

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

City

FL

Zip Code

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~CTDA, ITD 00000000~~ ☒ Delete  
NAME  
STREET ADDRESS ~~1010 PONCE DE LEON BLVD., SUITE 301~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33134-3343~~

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

TITLE DS ☐ Delete  
NAME  
STREET ADDRESS MARTINEZ DE GUZMAN, MARIA BEATRIZ  
CITY-ST-ZIP 1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134-3343

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

TITLE ~~QUEMAN MARTINEZ, MARIA ISABEL~~ ☒ Delete  
NAME  
STREET ADDRESS ~~1010 PONCE DE LEON BLVD., SUITE 301~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33134-3343~~

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

TITLE ~~ARMO, JOSE LUIS~~ ☒ Delete  
NAME  
STREET ADDRESS ~~1010 PONCE DE LEON BLVD., SUITE 301~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33134-3343~~

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

TITLE DP ☐ Delete  
NAME  
STREET ADDRESS MARIN, FULVIO  
CITY-ST-ZIP 1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134-3343

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

TITLE D ☐ Delete  
NAME  
STREET ADDRESS MARTINEZ, SANDRA LILIAN  
CITY-ST-ZIP 1313 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33134-3343

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)(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 life empowered.

SIGNATURE:

FULVIO GUZMAN MARIN, PRESIDENT

2/12/2001

(305) 374-3087

Date

Daytime Phone #

CR2E034 (10/00)