

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90247 041 ***158.75

DOCUMENT # P99000077656

1. Entity Name
OVERSEAS LINK U.S.A., INC.

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
291 NW 151 Ave.

3. Mailing Address
291 NW 151 Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines - FL

City & State
Pembroke Pines - FL

4. FEI Number
65-1020093

Applied For
☐ Not Applicable

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

Zip
33028

Country
USA

Zip
33028

Country
U.S.A

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Fulvio Guzmán

Street Address (P.O. Box Number is Not Acceptable)
291 NW 151 Ave

City
Pembroke Pines

FL Zip Code
33028

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 _____ DATE **5/04/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DS MARTINEZ DE GUZMAN, MARIA BEATRIZ 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES FL 33134-3343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUZMAN MARIN, FULVIO 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES FL 33134-3343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, SANDRA L 1313 PONCE DE LEON BLVD., SUITE 301 CORAL GABLES FL 33134-3343	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Guzmán marín Fulvio 291 NW 151 Ave Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guzmán Sandra 291 NW 151 Ave Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Martínez de Guzmán María Beatriz 291 NW 151 Ave. Pembroke Pines FL 33028	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/04/2002** Daytime Phone # **952/6600852**

CR2E034 (9/01)