

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90067 049 ***158.75

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DOCUMENT # P99000077656

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



Principal Place of Business
**291 NW 151 AVE
PEMBROKE PINES FL 33028**

Mailing Address
**291 NW 151 AVE
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

7521 E. Beryl Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Scottsdale Arizona

Zip

Country

Zip

Country

85258

U.S.A.

4. FEI Number **65-1020093**

Applied For

Not Applicable

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

**GUAMAR, FULVIO
291 NW 151 AVE
PEMBROKE PINES FL 33028**

Name **Fulvio Guzman**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MARTINEZ DE GUZMAN, MARIA BEATRIZ**
STREET ADDRESS **291 NW 151 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DP** ☒ Change ☐ Addition
NAME **Guzman Fulvio**
STREET ADDRESS **291 NW 151 Ave**
CITY-ST-ZIP **Pembroke Pines FL 33028**

TITLE **DP** ☐ Delete
NAME **GUZMAN, SANDRA**
STREET ADDRESS **291 NW 151 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DP** ☒ Change ☐ Addition
NAME **Guzman Nestor**
STREET ADDRESS **7521 E. Beryl Avenue**
CITY-ST-ZIP **Scottsdale AZ 85258**

TITLE **DS** ☐ Delete
NAME **GUZMAN, MARTINEZ DE**
STREET ADDRESS **291 NW 151 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DS** ☒ Change ☐ Addition
NAME **Guaman Maria**
STREET ADDRESS **7521 E. Beryl Avenue**
CITY-ST-ZIP **Scottsdale AZ 85258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Martinez Maria**
STREET ADDRESS **7521 E. Beryl Avenue**
CITY-ST-ZIP **Scottsdale AZ 85258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURES REQUIRED

4-10-03

954-4428239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)