

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90144 022 \*\*\*150.00

**DOCUMENT #** P99000077866

**1. Entity Name**

Site Overseas, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

3400

**City & State**

Miami, Florida

**3. Mailing Address**

2 S. Biscayne Blvd.

Suite, Apt. #, etc.

3400

**City & State**

Miami, Florida

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-0951076

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** Valdes-Fauli Corporate Services, Inc.

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

2 S. Biscayne Blvd. Suite 3400

**City** Miami

**FL**

**Zip Code**  
33131

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Arthur J. Furia* Arthur J. Furia

**March 31, 2003**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

**TITLE** Director  
**NAME** Alda Rosa  
**STREET ADDRESS** 1172 S. Dixie Highway  
**CITY-ST-ZIP** Coral Gables, Florida 33146

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 03/3**

**(305) 376-6092**

Date

Daytime Phone #

CR2E034B (12/02)