

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90097 035 ***150.00

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1. Entity Name
OVERSEAS SHIP SERVICES, INC.

Principal Place of Business
**3050 BISCAYNE BLVD SUITE 202
MIAMI FL 33137**

Mailing Address
**3050 BISCAYNE BLVD SUITE 202
MIAMI FL 33137**



2. Principal Place of Business
6040 SW 16th COURT
Suite, Apt. #, etc.

3. Mailing Address
6040 SW 16th COURT
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
PLANTATION, FL
Zip **33317** Country **USA**

City & State
PLANTATION, FL
Zip **33317** Country **USA**

4. FEI Number **65-0970744**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MANGACHI, ALFREDO
3050 BISCAYNE BLVD SUITE 202
MIAMI FL 33137**

7. Name and Address of New Registered Agent

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

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	P MANGACHI, ALFREDO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8060 SW 16TH CT	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33317	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Alfredo Mangachi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/03 **(305) 573-0830**
Date Daytime Phone #

CR2E034 (10/02)