2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

V01353 **DOCUMENT #**

1. Entity Name

OVERSEAS REAL ESTATE CORP.



FILED Feb 24, 2003 8:00 am Secretary of State

02-24-2003 90225 045 ***150.00

			WE THE	/	
Principal Place of Business 11455 S ORANGE BLOSSOM TRL SUITE #1 ORLANDO FL 32837		Mailing Address P.O. BOX 770031 ORLANDO FL 32877		T (BANK BYUKI) BANGK YABAR KIKAT BUTAN KIKI BIRKI AKAM AKAM ALAM AKAM BURKI BURKI BURKI BURKI BURKI BURKI BURKI	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3097860 Applied For Not Applicate	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	ле
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	-47 .
			Name	3	\neg
ORTIZ-SIRAGUSAA, AIDA 11455 S ORANGE BLOSSOM TR			Street Addres	ss (P.O. Box Number is Not Acceptable)	
UHLAND	O FL 32837				
** -			City	FL Zip Code	
8. The above the obligation	e named entity submits this statement for tions of registered agent,	the purpose of changing	g its registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE		·			
	Signature, typed or printed name of registered agent a	nd title if applicable.	NOTE: Registered Agent signature requi	ired when reinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	,
10.	OFFICERS AND I		11.	ADDITIONS (CHANGES TO OFFICERS AND DISPOSTORS IN AN	_
TITLE	D	Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	_ {
NAME	ORTIZ-SIRAGUSA, AIDA	C Delete	NAME	☐ Change ☐ Addition	ın Ç
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			STREET ADDRESS		{

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 given like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR