

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90005 003 \*\*\*550.00

**DOCUMENT # 851112**

1. Entity Name  
**OISEE INVESTMENTS, INC.**

Principal Place of Business  
 C/O PEDRO PERUSQUIA B.  
 11111 BISCAYNE BLVD., APT. 404  
 MIAMI FL 33181

Mailing Address  
 C/O CHASE MANHATTAN BANK-PAULA ARROJO  
 1211 AVE OF THE AMERICAS 39TH FL  
 NEW YORK NY 10036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **65-0285830**  
 Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BERRIZBEITIA, PEDRO P.**  
**11111 BISCAYNE BLVD.**  
**APT. 404**  
**MIAMI FL 33181**

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.

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BERRIZBEITIA, LUIS PERUSQUIA</b> <b>11111 BISCAYNE BLVD., APT. 404</b> <b>MIAMI FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **THE REQUISITO PERUSQUIA** 7/26/00  
 Date Daytime Phone #

FORM 1004 (3/00)