

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0068259

03-29-2002 91475 001 ***122.50

DOCUMENT # N27681

1. Entity Name

OSO PROPERTIES, INC.

Principal Place of Business

Mailing Address

P O BOX 680748
 ORLANDO FL 32868

P O BOX 680748
 ORLANDO FL 32868

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2949349

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RIVERA, DONNA SGT.~~
~~100 S. HUGHEY AVE~~
~~ORLANDO FL 32804~~

ANA FERNANDEZ
 20 N. ORANGE AVE
 SUITE 1300
 ORLANDO, FL 32802

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

Ana Fernandez

3/13/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~SD~~ Delete
 NAME **MCCLURE, GLENDA**
 STREET ADDRESS **1730 SHILOH LN**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **RIVERA, DONNA SGT.**
 STREET ADDRESS **100 S. HUGHEY AVE.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~PD~~ Delete
 NAME **FERNANDEZ, ANA**
 STREET ADDRESS **513 COUNTRY CLUB DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **HADLEY, CAROL**
 STREET ADDRESS **120 SPRING COVE TRAIL**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE **VP** Change Addition
 NAME **KAREN WARD**
 STREET ADDRESS **390 N. ORANGE AVE. STE. 600**
 CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **VD** Delete
 NAME **MEEKS, BETTY**
 STREET ADDRESS **9800 INTERNATIONAL DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **GASSMAN, ERIC**
 STREET ADDRESS **P.O. BOX 1393**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** Change Addition
 NAME **JORGE de la OSA**
 STREET ADDRESS **200 S. ORANGE AVE. STE 2300**
 CITY-ST-ZIP **ORLANDO, FL 32802**

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 617, 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:

Ana Fernandez **REQUIRED**

3/13/02

407-886-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)