

FILED  
Jun 14, 2001 8:00 am  
Secretary of State

05-17-2001 91332 040 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055998

LA

1. Entity Name  
COSB3902, INC.

Principal Place of Business  
111 ALTON ROAD  
MIAMI BEACH FL 33139

Mailing Address  
111 ALTON ROAD  
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1019645

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN WOLFE RENNERT VOGEL & MANDLER  
100 S.E. SECOND ST., SUITE 3500  
MIAMI FL 33131

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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: PRES. DIR  Delete  
NAME: JACK FRANCO  
STREET ADDRESS: 90 ALTON ROAD #1908  
CITY-ST-ZIP: MIAMI BEACH FL 33039

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: S-T DIR.  Delete  
NAME: DENNIS LENNON  
STREET ADDRESS: 2021 NW 86 AVE  
CITY-ST-ZIP: PEMBROKE PINES FL 33024

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
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STREET ADDRESS:  Change  Addition  
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CITY-ST-ZIP:  Delete

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CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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:

JACK FRANCO

4/30/01 305 695 9898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)