## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 05, 2002 8:00 am Secretary of State P99000033326 DOCUMENT # 1. Entity Name 05-05-2002 90025 010 \*\*\*158.75 COSGIL. CORP. & ASSOCIATES, INC. Principal Place of Business Mailing Address 1115 WEST 39 TERRACE 1115 WEST 39 TERRACE HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address <u>;,</u>± Suite, Apt. #. etc. -Suite, Apt. #, etc.... DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0912590 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIL, CONSTANTE Street Address (P.O. Box Number is Not Acceptable) 1115 WEST 39 TERRACE HIALEAH FL 33012 City 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) FILE NOW!!! FEE IS \$150.00 153-11 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change ☐ Addition GIL, CONSTANTE F NAME NAME CR2E034 1115 W. 39 TERR. STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition NAME GIL, FRANK STREET ADDRESS 1115 W. 39 TERR. STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GIL, CARLOS NAME NAME STREET ADDRESS 1115 W. 39 TERR STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \* \* CITY-ST-ZIP TITLE · · ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: ( ) Contal |

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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 exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

**FILED**