## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P9900061775 1. Entity Name COSMILSA, INC. 04-23-2001 90125 046 \*\*\*150.00 Principal Place of Business Mailing Address 7400 SW 139TH TERRACE 4237 SW 75TH AVE MIAMI FL 33158 MIAMI FL 33155 3. Mailing Address 7400 S, ω, /39 Terrace Suite, Apt. #, etc. 2. Principal Place of Business 400 S,W, DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0934465 man Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOL SANDRA .O. Box Number is Not Acceptab 7400 SW 139TH TERRACE **MIAMI FL 33158** 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 SONDRO SUC. 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PSTD PNESI DENT Change ☐ Addition TITLE □ Delete TITLE SOL, SANDRA SANDRA CARO NAME NAME 7400 SW 139TH TERRACE STREET ADDRESS 400 S,W STREET ADDRESS **MIAMI FL 33158** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | ☐ Delete TITLE SIMKOVITZ, EVA M NAME NAME 7400 SW 139TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P **MIAMI FL 33158** ☐ Change ■ Addition ☐ Delete TITLE TITLE SIMKOVITZ, ALEJANDRO D NAME NAME 7400 SW 139TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33158** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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.