

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90016 034 ***150.00

DOCUMENT # P96000081150

1. Entity Name
OSMAR INTERNATIONAL, INC.

Principal Place of Business
1240 SOUTH DIXIE HIGHWAY
CORAL GABLES FL 33146

Mailing Address
1510 ALTON ROAD
MIAMI BEACH FL 33139



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0698724

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARULANDA, MILDRED
1240 SW. DIXIE HWY
CORAL GABLES FL 33146

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 _____ (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, 2002 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

TITLE **S** ☐ Delete
NAME **SIERRA, JENNIFER**
STREET ADDRESS **1240 SO. DIXIE HWY.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **PD** ☐ Delete
NAME **MARULANDA, MILDRED**
STREET ADDRESS **1240 SO. DIXIE HWY.**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **VP** ☐ Delete
NAME **MARULANDA, JUAN**
STREET ADDRESS **1240 SOUTH DIXIE HWY**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **Sierra Jennifer**
CITY-ST-ZIP **1240 S.O. Dixie Hwy**
Coral Gables FL- 33146

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

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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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 6631718
Date

4/28/02
Daytime Phone #

CR2E034 (9/01)