

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90131 048 \*\*\*150.00  
06-09-2003 90122 047 \*\*\*\*\*8.75

DOCUMENT # 299151

1. Entity Name

GOSMO TRADING INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7351 NW 7 Street

Suite, Apt. #, etc.

3. Mailing Address

same as principle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33126

City & State

4. FEI Number

59-1117562

Applied For

Not Applicable

Zip

33126

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Marante, Octavio Jr.

Street Address (P.O. Box Number is Not Acceptable)

7351 NW 7 Street

City

Miami

FL

Zip Code

33126

**DO NOT WRITE  
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARANTE, OCTAVIO A. JR.  
7351 NW 7 Street  
Miami, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MARANTE, OCTAVIO A. SR.  
7351 NW 7 Street  
Miami, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12, 2003

(305) 264-5631

Date

Daytime Phone #

CR2E034B (12/01)

*Attachment*  
COSMO TRADING INC.

7351 NW 7<sup>TH</sup> Street  
Miami, FL 33126

80125301

#299151

Friday, May 09, 2003

Florida Dept. of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

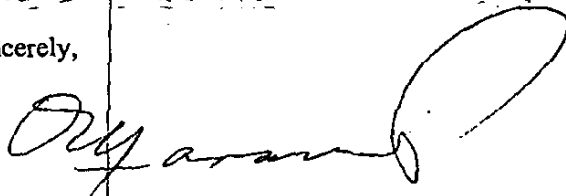
Document # 299151

To Whom It May Concern:

We are writing, as per your instructions, to request a waiver on any penalties that may be assessed on the lateness of our Uniform Business Report filing. We never received the report this year. We are a little mystified by this as we have not changed our address in years. Regardless we did not note its' absence until our accountant noted the annual payment missing.

Enclosed please find a completed Uniform Report for us along with the required \$150.00 payment. Thank you for your assistance in this matter.

Sincerely,



Octavio Marante  
President