

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0243563 AV

DOCUMENT # 510895

1. Entity Name
O.S. CONSTRUCTION OF SOUTH FLORIDA, INC.

03-25-2002 90144 025 ***150.00

Principal Place of Business

Mailing Address

~~1132 KANE CONCOURSE~~
BAY HARBOR ISLANDS FL 33154

~~1132 KANE CONCOURSE~~
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

3. Mailing Address

141 N.E 3rd Ave

141 N.E 3rd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7th Floor

7th Floor

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33132

DADE

33132

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1690503

Applied For

Not Applicable

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

SKLAR, NEAL

2500 WESTON RD

SUITE 913

FORT LAUDERDALE FL 33321

15.E 3rd Ave

Suite #3050

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SKLAR, OSCAR	
STREET ADDRESS	1132 KANE CONCOURSE 141 N.E 3rd Ave	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154 Miami, FL 33132	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SKLAR, ANA	
STREET ADDRESS	1132 KANE CONCOURSE 141 N.E 3rd Ave	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154 Miami, FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR SKLAR

Date

3/6/02

Daytime Phone #

305-379-0007
X103

CR2E034 (9/01)