## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J19447**

Country

OSMAN, L. MICHAEL

1474-A WEST 84 ST HIALEAH FL 33014

9. This corporation is eligible to satisfy its Intangible

FONT, MICHAEL A.

9301 NW 11TH COURT

PEMBROKE PINES FL

OSMAN, CRAIG A. L.

HIALEAH FL

OSMAN, TY H.

Brentwood in

NOBLES, MICHAEL

VSD

changed, or on an attack

SIGNATURE

MARY ESTER FL 32569

OSMAN, L. MICHAEL

1474-A W 84 STR

HIALEAH FL

1474-A WEST 84TH ST

9129 SADDLEBOW DRIVE

421B MARY EASTER BOULEVARD

Tax filing requirement and elects to do so.

(See criteria on back)

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY~ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

ANDROGYNAL CORPORATION OF FLORIDA		
Principal Place of Business	Mailing Address	
1474-A WEST 84TH ST HIALEAH FL 33014 US	1474-A W 84TH ST HIALEAH FL 33014-3363 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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TURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

L. Michael Osman, Vice-President 3/17/00

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 of grustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

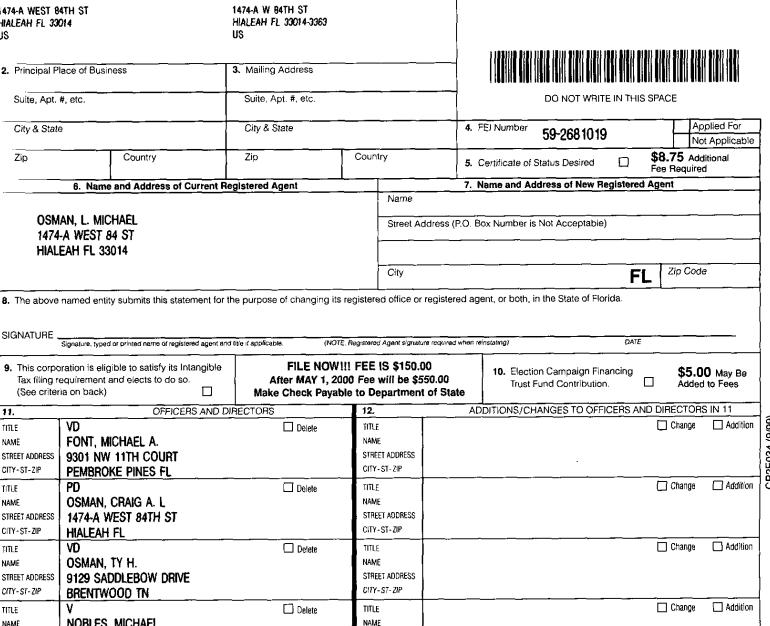
CITY-ST-ZIP

Name

City

## **FILED** May 24, 2000 8:00 am Secretary of State

05-24-2000 90042 043 \*\*\*150.00



☐ Change

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(305) 823-1401

Daytime Phone #

☐ Addition

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