

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J19447**

1. Entity Name

ANDROGYNAL CORPORATION OF FLORIDA**FILED**
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90358 028 ***150.00

Principal Place of Business

1474-A WEST 84TH ST
HIALEAH FL 33014
US

Mailing Address

1474-A W 84TH ST
HIALEAH FL 33014
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2681019**

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

OSMAN, L. MICHAEL
1474-A WEST 84 ST
HIALEAH FL 33014

Name

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

City

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	FONT, MICHAEL A.	9301 NW 11TH COURT	PEMBROKE PINES FL	<input type="checkbox"/>
PD	OSMAN, CRAIG A. L	1474-A WEST 84TH ST	HIALEAH FL	<input type="checkbox"/>
VD	OSMAN, TY H.	9129 SADDLEBOW DRIVE	BRENTWOOD TN	<input type="checkbox"/>
V	NOBLES, MICHAEL	421B MARY EASTER BOULEVARD	MARY ESTER FL 32569	<input type="checkbox"/>
VSD	OSMAN, L. MICHAEL	1474-A W 84 STR	HIALEAH FL	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Vice-Pres.

4/16/01

Date

305-823-1401

Daytime Phone #

CR2E034 (10/00)