

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2002 90104 017 ***150.00

DOCUMENT # J19447

1. Entity Name
ANDROGYNAL CORPORATION OF FLORIDA

Principal Place of Business **Mailing Address**
1474-A WEST 84TH ST **1474-A W 84TH ST**
HIALEAH FL 33014 **HIALEAH FL 33014**
US **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 **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **FONT, MICHAEL A.**
STREET ADDRESS **9301 NW 11TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE **PD** ☐ Delete
NAME **OSMAN, CRAIG A. L**
STREET ADDRESS **1474-A WEST 84TH ST**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **33015**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **OSMAN, TY H.**
STREET ADDRESS **9129 SADDLEBOW DRIVE**
CITY-ST-ZIP **BRENTWOOD TN**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **32707**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **NOBLES, MICHAEL**
STREET ADDRESS **~~4218 MARY EASTER BOULEVARD~~**
CITY-ST-ZIP **MARY ESTER FL 32569**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **231-B Racetrack Road**
CITY-ST-ZIP **Ft. Walton Beach, FL. 32547**

TITLE **VSD** ☐ Delete
NAME **OSMAN, L. MICHAEL**
STREET ADDRESS **1474-A W 84 STR**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **33014**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: _____ **Vice-Pres.** **2/15/02** **305-823-1401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

0137047 AV

CR2E034 (9/01)