

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# J19447

FILED  
Jan 07, 2003  
Secretary of State

Entity Name: ANDROGYNAL CORPORATION OF FLORIDA

## Current Principal Place of Business:

1474-A WEST 84TH ST  
HIALEAH, FL 33014 US

## New Principal Place of Business:

## Current Mailing Address:

1474-A W 84TH ST  
HIALEAH, FL 33014 US

## New Mailing Address:

FEI Number: 59-2681019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: FONT, MICHAEL A.,  
Address: 9301 NW 11TH COURT  
City-St-Zip: PEMBROKE PINES, FL

Title: PD ( ) Delete  
Name: OSMAN, CRAIG A. L.,  
Address: 1474-A WEST 84TH ST  
City-St-Zip: HIALEAH, FL 33015

Title: VD ( ) Delete  
Name: OSMAN, TY H.,  
Address: 9129 SADDLEBOW DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: V ( ) Delete  
Name: NOBLES, MICHAEL,  
Address: 231-B RACETRACK RD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VSD (X) Delete  
Name: OSMAN, L. MICHAEL,  
Address: 1474-A W 84 STR  
City-St-Zip: HIALEAH, FL 33014

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: OSMAN, CRAIG A  
Address: 1474-A WEST 84TH ST  
City-St-Zip: HIALEAH, FL 33015

Title: VD (X) Change ( ) Addition  
Name: OSMAN, TY H  
Address: 9129 SADDLEBOW DRIVE  
City-St-Zip: BRENTWOOD, TN 32707

Title: VSD (X) Change ( ) Addition  
Name: OSMAN, L. MICHAEL  
Address: 1474-A WEST 84TH STREET  
City-St-Zip: HIALEAH, FL 33014 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. MICHAEL OSMAN

V

01/07/2003

Electronic Signature of Signing Officer or Director

Date