## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 24, 2000 8:00 am Secretary of State **DOCUMENT # L10496** 1. Entity Name

05-24-2000 90042 048 \*\*\*150.00

Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   \$8.75 Addite   \$9.75 Addite   \$9	Findipal Flace	e of Business	Mailing Address						
Surie, Apt. #, size.  City & State  Country  Country  City	HIALEAN FL 33014		HIALEAH FL 33014-3363				Ante Glate Black	biêli Sibis Gib	11 <b>5(2</b> () +84)
City & State  Country  S. Certificate of Status Desired  \$8.75 Addition  Fee Required	2. Principal Pla	ace of Business	3. Mailing Address		_				
Solution   Section   Sec	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Signature broad or stricted name of registered Agent	City & State		City & State		<b>4.</b> F	4. FEI Number 65-0165565			oplied For ot Applicable
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax May Contribution and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ADDRESS CITY-ST-2P  11. VD OSMAN, L MICHAEL  1474 A W. 84 TH ST.  HALEAH FL. 33014  City  FL Zip Code  10. Election Campaign Financing S5.00 Added to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTER ADDRESS CITY-ST-2P  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1475 A W. 84 TH ST.  11. COSMAN, L MICHAEL  1474 A W. 84 TH ST.  1576 TADDRESS  1576 TADDRESS  1577 ST-2P  1716 MAME  1716 Deide  1717 MAME  1718 MAME  1718 MAME  1719 Deide  1711 MAME  1719 Deide  1711 MAME  1711 MAME  1712 MAME  1713 MAME  1715 MAME  1715 MAME  1716 MAME  1717 MAME  1718 MAME  1718 MAME  1719 Deide  1711 MAME  1710 Deide  1711 MAME  1711 MAME  1712 MAME  1713 MAME  1714 MAME  1715 MAME  1715 MAME  1716 MAME  1717 MAME  1718 MAME  1718 MAME  1718 MAME  1719 MAME  1710 MAME  1711 MAME  1711 MAME  1712 MAME  1713 MAME  1714 MAME  1715 MAME  1715 MAME  1715 MAME  1716 MAME  1717 MAME  1718 MAME  1718 MAME  1718 MAME  1718 MAME  1719 MAME  1710 MAME  1711 MAME  1711 MAME  1712 MAME  1713 MAME  1714 MAME  1715 MAME  1715 MAME  1716 MAME  1717 MAME  1718 MAME	Zíp	Country	Zip	Country	5. (	Certificate of Status Desired		8.75 Add	fitional
OSMAN, L MICHAEL 1474-A W. 84TH ST. HIALEAH FL 33014  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  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (Sae criteria on back)   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT MAKE OSMAN, L MICHAEL 1474-A W. 84TH ST. TITLE VD OSMAN, L MICHAEL 1474-A W. 84TH ST. HALEAH FL  TITLE VD OSMAN, CRAIG A 1474-A W. 84 STREET OSMAN, CRAIG A 1474-A W. 84 STREET OSMAN, TY H  NAME OSMAN, TY H  OSMAN  OSMAN, TY H  OSMAN  OSM				<u> </u>					
After MAY 1, 200 Fee will be \$550.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE  13. OFFICERS AND DIRECTORS  14. AA W 84TH ST. HIALEAH FL  14. OSMAN, L MICHAEL  14. OSMAN, CRAIG A  15. STREET ADDRESS  16. Election Campaign Financing  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT  17. WAWE  17. ST. ZP  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT  17. ST. ZP  17. ST.		6. Name and Address of Current H	egistered Agent	Name	,, <u>,</u>	Maine and Address of New III	sglatered A	<u> </u>	
### BILE AND DIRECTORS  TILE  OSMAN, L MICHAEL  TILE  OSMAN, CRAIG A  STREET ADDRESS  CITY-ST-ZIP  TILE  OSMAN, CRAIG A  STREET ADDRESS  CITY-ST-ZIP  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  Delete  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  TILE  OSMAN, TY H  STREET ADDRESS  CITY-ST-ZIP  Change				Street Addre	ss (P.O. B	Box Number is Not Acceptable	<del>-</del>		
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, hood or printed name of registered agent and like if applicable   (NOTE, Registered Agent signature required when renstating)   DATE									
SIGNATURE  Signature, typed or printed name of registered agent and lite if applicable (NOTE Registered Agent signature required when rentstating)  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT III.E  NAME OSMAN, L MICHAEL 174-A W. 84TH ST. HILLEAH FL  OSMAN, CRAIG A SIREET ADDRESS CITY-ST-ZIP HIALEAH FL  OSMAN, TY H STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP DELET N				City			FL	Zip Cod	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT INTERPRETABORESS INTEREST ADDRESS INTEREST ADDR	8. The above	named entity submits this statement for	the purpose of changing its	s registered office or regi	stered ag	ent, or both, in the State of Flo	rida.		
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Fee will be \$550.00   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUE  NAME  OSMAN, L MICHAEL  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL  TITLE  VD  OSMAN, CRAIG A  STREET ADDRESS  CITY-ST-ZIP  HIALEAH FL  TITLE  OSMAN, TY H  OSMAN  OSMAN, TY H  OSMAN	SIGNATURE _	Signature, typed or printed name of registered agent an	nd title if applicable (NO)	TE. Registered Agent signature req	uired when re	enstating)	DATE		
TITLE NAME OSMAN, L MICHAEL STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE DV Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Tax filing requirement and elects to do so.		After MAY 1, 2	000 Fee will be \$550.0					May Be
TITLE NAME OSMAN, L MICHAEL STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DV Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	11.	OFFICERS AND D	DIRECTORS	12.	AD	DDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM				TITLE					Addition
STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE VD OSMAN, CRAIG A STREET ADDRESS CITY-ST-ZIP  TITLE NAME OSMAN, CRAIG A STREET ADDRESS CITY-ST-ZIP  TITLE  DV OSMAN, TY H STREET ADDRESS CITY-ST-ZIP  TITLE NAME				NAME					
TITLE VD OSMAN, CRAIG A THALEAH FL CITY-ST-ZIP  NAME OSMAN, CRAIG A NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DV OSMAN, TY H STREET ADDRESS CITY-ST-ZIP  TITLE NAME OSMAN, TY H NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP  TITLE NAME  NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  THE Change Cha	STREET ADDRESS			STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE DV OSMAN, TY H STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME  TITLE NAME	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP HIALEAH FL  TITLE DV OSMAN, TY H STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	VD	☐ Delete	TITLE			_	☐ Change	Addition
CITY-ST-ZIP  HIALEAH FL  TITLE  DV  OSMAN, TY H  9129 SADDLEBOW DRIVE BRENTWOOD TN 37027  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  NAME  Change  Change  Change	NAME	OSMAN, CRAIG A		NAME					
TITLE DV OSMAN, TY H  STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME	STREET ADDRESS	1474 A W 84 STREET							
NAME STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 37027  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME  TITLE NAME NAME  TITLE NAME  NAME  TITLE NAME  NAME  NAME  NAME  NAME	CITY-ST-ZIP	HIALEAH FL		CITY-ST-ZIP			<del></del>		
STREET ADDRESS CITY-ST-ZIP BRENTWOOD TN 37027  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  TITLE NAME NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TITLE NAME  TABLE  STREET ADDRESS CITY-ST-ZIP  TITLE NAME	TITLE	<del>-</del> ·	☐ Delete	. TITLE				☐ Change	Addition
CITY-ST-ZIP   BRENTWOOD TN 37027	NAME								
TITLE NAME STREET ADDRESS CITY-ST-ZiP  TITLE NAME  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME  Delete TITLE NAME  TITLE NAME  TITLE NAME	i								
NAME STREET ADDRESS CITY-ST-Z/P TITLE NAME  NAME  STREET ADORESS CITY-ST-Z/P  TITLE NAME  NAME  NAME  NAME  CHANGE  NAME  NAME  NAME	CITY-ST-ZIP	BRENTWOOD TN 37027		<b>─╂</b> ────┼─					
STREET ADDRESS CITY-ST-ZiP TITLE NAME	í	İ	☐ Delete					∐ Change	☐ Addition
CITY-ST-ZiP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME									
TITLE Delete TITLE Change NAME									
NAME NAME								Change	Addition
			∟J Delete					□ Glialiya	□ Madirioli
	,								
CITY-ST-ZIP CITY-ST-ZIP									
								□ Chases	☐ Addition
			[7] p. 1	TITLE					
STREET A! DRESS STREET ADDRESS	ŢITLE NAME		☐ Delete	TITLE NAME				Change	Addition

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 receive or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted, or on an attachment with an address, with all other like empowered. L. Michael Osman

SIGNATURE:

BAY-DOTS CORP.

5/1/00

(305) 823-1401

Daytime Phone #