

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90338 035 \*\*\*150.00

**DOCUMENT # M11233**

1. Entity Name  
**COSMYL, INC.**

Principal Place of Business  
**4401 PONCE DE LEON BLVD.**  
**CORAL GABLES FL 33146**  
**US**

Mailing Address  
**4401 PONCE DE LEON BLVD.**  
**CORAL GABLES FL 33146**  
**US**

2. Principal Place of Business  
**8055 NW 77Ct**

3. Mailing Address  
**8055 NW 77Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #5**

**Suite #5**

City & State  
**Medley, FL**

City & State  
**Medley, FL**

Zip  
**33166**

Country  
**US**

Zip  
**33166**

Country  
**US**

4. FEI Number **59-2522327**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**DALMAU, JAVIER**  
**4401 PONCE DE LEON BLVD.**  
**CORAL GABLES FL 33146**

## 7. Name and Address of New Registered Agent

Name

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

**8055 NW 77Ct**

**Suite #5**

City  
**Medley**

Zip Code  
**33166**

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>DALMAU, JORGE</b> <b>4401 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>DALMAU, AURORA G.</b> <b>4401 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>DALMAU, JORGE ALBERTO</b> <b>4401 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>TERPENING, ROBERT J</b> <b>4401 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DALMAU, JAVIER</b> <b>4401 PONCE DE LEON BLVD</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>DALMAU, LAURA</b> <b>4401 PONCE DE LEON BLVD.</b> <b>CORAL GABLES FL 33146</b>	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8055 NW 77Ct, Suite #5</b> <b>Medley, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8055 NW 77Ct, Suite #5</b> <b>Medley, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8055 NW 77Ct, Suite #5</b> <b>Medley, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VS</b> <b>Robert J. Gofus</b> <b>8055 NW 77Ct, Suite #5</b> <b>Medley, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8055 NW 77Ct, Suite #5</b> <b>Medley, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8055 NW 77Ct, Suite #5</b> <b>Medley, FL 33166</b>

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: *J. Dalmau*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)