

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90338 037 ***150.00

DOCUMENT # M32176

1. Entity Name

STUDIO COSMYL, INC.

Principal Place of Business

4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146

Mailing Address

4401 PONCE DE LEON BLVD
CORAL GABLES FL 33146

2. Principal Place of Business

8055 NW 77 Ct
Suite #5

3. Mailing Address

8055 NW 77 CT
Suite # 5

City & State

Medley, Fl

City & State

Medley, Fl

4. FEI Number

59-2739801

Applied For

Not Applicable

Zip

33166

Country

US

Zip

33166

Country

US

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

6. Name and Address of Current Registered Agent

DALMAN, 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, Fl

FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/25/01

Date

Daytime Phone #

CR2E034 (10/00)