

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90073 013 ***150.00

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DOCUMENT # M32176

1. Entity Name
STUDIO COSMYL, INC.



Principal Place of Business
**8055 NW 77 CT
SUITE 5
MEDLEY FL 33166**

Mailing Address
**8055 NW 77 CT
SUITE 5
MEDLEY FL 33166**

2. Principal Place of Business
1701 N.W. 87th AVENUE

3. Mailing Address
1701 N.W. 87th AVENUE

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33172 USA

Zip Country
33172 USA

4. FEI Number **59-2739801**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DALMAN, JAVIER
8055 NW 77 CT
SUITE 5
MEDLEY FL 33166**

7. Name and Address of New Registered Agent

Name
DALMAU JAVIER
Street Address (P.O. Box Number is Not Acceptable)
1701 N.W. 87TH AVE
City **MIAMI** FL Zip Code **33172**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. Dalman* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALMAU, AURORA 8055 NW 77 CT, STE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DALMAU, JORGE ALBERTO 8055 NW 77 CT, STE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC DALMAU, JORGE 8055 NW 77 CT, STE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOFUS, ROBERT J 8055 NW 77 CT, STE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALMAU, JAVIER 8055 NW 77 CT, STE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DALMAN, LAURA 8055 NW 77 CT, STE 5 MEDLEY FL 33166	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *J. Dalman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)