

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M33102

1. Entity Name

O. BATISTA CORP.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90044 049 ***150.00

Principal Place of Business	Mailing Address
7313 NW ST MIAMI FL 33126 US	C/O OSVALDO T. BATISTA 7313 N.W. 8TH STREET. #D MIAMI FL 33126-2921

2. Principal Place of Business	3. Mailing Address
7313 N.W. 8 st.	Southeast
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MIAMI - FLA.	Southeast
Zip	Zip
33126	Southeast
Country	Country
DADE	Southeast



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BATISTA, OSVALDO T. 7313 NW 8TH STREET #D MIAMI FL 33126

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD	TITLE	
NAME	BATISTA, OSVALDO T.	NAME	
STREET ADDRESS	7313 NW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	BATISTA, ESTELA	NAME	
STREET ADDRESS	7313 NW 8TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: BATISTA-01/14/00 261-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #