

UNIFORM BUSINESS REPORT (UBR)

2003

DOCUMENT

33102



FILED

O. BATISTA CORP.

03 MAY -1 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
C/O OSVALDO BATISTA
7313 N.W. 8th.St. 7313 N.W. 8th.St.
MIAMI, FLA. 33126 MIAMI, F.A. XXXXXX
33126

DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2682615		☐ \$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BATISTA, OSVALDO T. 7313 N.W. 8th.St. Miami, Fla. 33126		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 *Osvaldo T. Batista* - *Osvaldo T. Batista* 04/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD BATISTA, OSVALDO T. 7313 N.W. 8th.St MIAMI, FL. ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	700018454487 05/07/03--01071--004 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD BATISTA, ESTELA 7313 N.W. 8th.St. MIAMI, FLA. 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ 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 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: OSVALDO T. BATISTA *Osvaldo T. Batista* 04/25/03 261-4552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR