

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000008196

FILED  
May 07, 2003  
Secretary of State

Entity Name: OSHA N'ILE, CORPORATION

## Current Principal Place of Business:

612 EAST VINE STREET  
KISSIMMEE, FL 34744

## New Principal Place of Business:

## Current Mailing Address:

4025 ORKNEY AVENUE  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number: 43-1980080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERA, MERCEDES I M.A.O.M  
4025 ORKNEY AVENUE  
ORLANDO, FL 32809 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition  
Name: IGLESIAS, BARBARA I MRS.  
Address: 3991 MORVERN COURT  
City-St-Zip: ORLANDO, FL 32809

Title: P ( ) Change (X) Addition  
Name: CRUZ, LAZARA MRS.  
Address: 612 EAST VINE STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Change (X) Addition  
Name: RIVERA, MERCEDES MRS.  
Address: 4025 ORKNEY AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Change (X) Addition  
Name: ITHIER, LAZARO MR.  
Address: 2301 HOLLAND STREET  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARA CRUZ

P

05/07/2003

Electronic Signature of Signing Officer or Director

Date