APR-23-03 WED 02:18 PM LAZARUS CORPORATION FAX:3052201440

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91468 004 ****61.25

DOCUMENT # N 95000005428(6) ✓

1. Entity Name
FRIENDS OF the OCCOSW, INC

DO NOT WRITE IN THIS SPACE

00007750

2. Principal Place of Business	3. Mailing Address
C/O Ana M Guillen	same
Suite, Apt. #, etc. 250 Catalonia Ave #400	Suite, Apt./#, etc.
City & State Coral Gables Fl	City & State
Zip 33134 Country Dade	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0642991 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Ana M. Guillen

Street Address (P.O. Box Number is Not Acceptable)
250 Catalonia Ave # 400

City Coral Gables FL Zip Code 33134

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (or if Registered Agent is a corporation, signature of corporate officer)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	ANA M. Guillen P/D 250 CATALONIA AVE #400 Coral Gables Fl 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAURIE DORIE Sec/D 9349 Abbott AVE Surfside Fl 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eugenia THOMAS Tre/D 1110 NW 41ST MIAMI FL 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KAY SULLIVAN VP/D Clerk of Board 111 NW 1ST #17 FLOOR MIAMI FL 33128
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Irela Bague D 15 MADEIRA AVE #6 Coral Gables Fl 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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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 on an attachment with an address, with all blanks filled.

SIGNATURE: President 4/21/03

SIGNATURE & TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #