

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004981

1. Entity Name
O.E.T.D., INC.

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90004 028 ****75.00

Principal Place of Business
580 N.E. 127TH STREET
#21
MIAMI FL 33161

Mailing Address
580 N.E. 127TH STREET
#21
MIAMI FL 33161

80084473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6438 N.E. 1st Place
Suite, Apt. #, etc.

3. Mailing Address
6438 N.E. 1st Place
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33138

Country
USA

City & State
Miami, FL
Zip
33138

Country
USA

4. FEI Number
65-0942932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEMOSTHENE, GABRIEL
580 N.E. 127TH STREET
#21
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name
Gabriel Demosthene
Street Address (P.O. Box Number is Not Acceptable)
6438 N.E. 1st Place
City
Miami FL Zip Code
33138

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 *Demosthene Gabriel* *Demosthene Gabriel* 08-29-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMOSTHENE, GABRIEL 580 N.E. 127TH STREET MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMZARINE, NORMAN 13031 S.W. 17TH STREET MIAMI FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLAS, EMMANUEL 265 N.W. 130TH STREET MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISSESSA, MARIA STELLA 8500 BISCAYNE BLVD., #E-528 MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOMME, GARRY PETIT 6438 N.E. 1ST PLACE MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAISSANCE CHARLESTIN, NESLYNE 580 N.W. 127TH ST., APT. #21 MIAMI FL 33161	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Demosthene Gabriel 6438 N.E. 1st Place Miami, FL 33138	<input checked="" 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
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 617, 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: *Demosthene Gabriel* REQUIRED

08-29-01/307589613

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CR2E037 (10/00)