

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012802

1. Entity Name

COSSINI CORP.

Principal Place of Business

3990 N.W. 132 Street
Unit G
Opalocka, FL 33054

Mailing Address

3990 N.W. 132 Street
Unit G
Opalocka, FL 33054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

German DULANTO
21105 NE 19 Court
North Miami Beach, FL 33179

7. Name and Address of New Registered Agent

Name: German DULANTO
Street Address (P.O. Box Number is Not Acceptable):
3990 NW 132 Street - Unit G, Opalocka, FL 33054
City: Opalocka FL Zip Code: 33054

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/02/2002

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

FREE NOW! FEE IS \$150.00
After May 1, 2002, 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

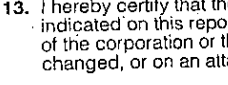
11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	DULANTO, German	21105 NE 19 Court	North Miami Beach, FL 33179	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Change ☐ Addition
PSD	DULANTO, German	3990 NW 132 Street - Unit G	Opalocka, FL 33054	☒
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-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: 

SIGNATURE REQUIRED

German Dulanto

04/02/2002 (305) 688-4161

Date

Daytime Phone #

FILED

02 APR -3 PM 12:20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0980319 Applied For Not Applicable

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