

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90713 033 \*\*\*150.00

0146589 AV

**DOCUMENT # P00000021801**

1. Entity Name

**COS INVESTMENTS, INC.**

Principal Place of Business

**2344 NORTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020**

Mailing Address

**2344 NORTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020**

2. Principal Place of Business

**19575 Biscayne Blvd.**

3. Mailing Address

**19575 Biscayne Blvd.**

Suite, Apt. #, etc.

**#1711**

Suite, Apt. #, etc.

**#1711**

City & State

**Aventura Florida**

City & State

**Aventura Florida**

Zip

**33180**

Country

**USA**

Zip

**33180**

Country

**USA**

DO NOT WRITE IN THIS SPACE



4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MARX, JAMES ESQ.**

**200 SOUTH BISCAYNE BLVD.**

**SUITE 1870, FIRST UNION FINANCIAL CENTER**

**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**Cindy Orlinsky**

Street Address (P.O. Box Number is Not Acceptable)

**19575 Biscayne Blvd. #1711**

City

**Aventura**

**FL**

Zip Code

**33180**

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

*Cindy Orlinsky*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**FILE 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 **P** ☒ Delete

NAME **ORLINSKY, SCOTT**  
STREET ADDRESS **3053 NE 183RD LANE**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE **VPS** ☐ Delete

NAME **ORLINSKY, CINDY**  
STREET ADDRESS **3053 NE 183RD LANE**  
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME **no longer an officer**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **ORLINSKY, CINDY - P**  
STREET ADDRESS **20091 NE 37th Court**  
CITY-ST-ZIP **Aventura, FL 33180**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Cindy Orlinsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/02 3059335455**

Date Daytime Phone #

CR2E034 (9/01)