2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90174 043 ***150.00

DOCUMENT # P00000041543

1. Entity Name
COSAS & THINGS, INC.

Principal Place of Business	Mailing Address
1411 SUNSET DRIVE CORAL GABLES, FL 33146	1411 SUNSET DRIVE CORAL GABLES, FL 33146

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1411 Sunset Drive	1411 Sunset Drive
Suite, Apt. #, etc.: Coral Gables, Florida	Suite, Apt. #, etc.
City & State	City & State: Coral Gables, Fl
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: **65-1003933** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WATTS-FITZGERALD, ABIGAIL C ESQ
C/O HUNTON & WILLIAMS, ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD STE 2500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPTS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	QUINONES, LUISA A	NAME	
STREET ADDRESS	6913 TALAVERA STREET	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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 607, 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: Luisa Antonia Quinones 4-31-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #