

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90225 009 ***150.00

DOCUMENT # P00000092162

1. Entity Name

OSEI ENTERPRISES, INC.

Principal Place of Business

**7601 EAST TREASURE DRIVE
PH 124
NORTH BAY VILLAGE FL 33141**

Mailing Address

**7601 EAST TREASURE DRIVE
PH 124
NORTH BAY VILLAGE FL 33141**

00003042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**427 Golden Isles Dr.
Suite, Apt. #, etc.
#61**

3. Mailing Address

**427 Golden Isles Dr.
Suite, Apt. #, etc.
#61**

City & State

Hallandale FL

City & State

Hallandale FL

4. FBI Number

65-1046305

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, DIANE

**7601 EAST TREASURE DRIVE
PH 124
NORTH BAY VILLAGE FL 33141**

Name

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

427 Golden Isles Dr. #61

#

City

Hallandale

FL

Zip Code

33009

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LITTLE, WILLIAM D JR.	
STREET ADDRESS	7601 EAST TREASURE DRIVE, PH 124	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE	V	<input type="checkbox"/> Delete
NAME	LITTLE, DIANE L	
STREET ADDRESS	7601 EAST TREASURE DRIVE, PH 124	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Little, William D	
STREET ADDRESS	427 Golden Isles Dr. #61	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Little, Diane L	
STREET ADDRESS	427 Golden Isles Dr.	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)