2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P00000099040

1. Entity Name

OSORIO & SON LAND SCAPING INC.



FILED Apr 04, 2003 8:00 am & Secretary of State

***150.00

Secretary of
04-04-2003 90073 049

MAMI FL 23135 MIAMI	Principal Place of Business 1353 SW 1ST ST		135	Mailing Address 1353 SW 1ST ST #4							
Sulle, Apt. #, etc. Sulle, Ap	2. Principal Place of Business			MIAMI FL 33135 3. Mailing Address							
City & State A. FEI Number 65-1139354 A. FEI Number 65-1139355 City S. Fee Number 65-1139354 A. FEI Number 65-1139355 City S. Fee N											
Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named antity submits this state first nor the purpose of changing its registered differ or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of presented agent. 8. The above named antity submits this state first nor the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of presented agent. 8. The above named antity submits this state first nor the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of presented agent. 8. The above named entity submits this state first nor the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of presented agent. 8. The above named entity submits this state first nor the purpose of changing its registered agent or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of present agents. 8. The above named entity submits this state first nor agent age							CHECK HERE IF MAKING CHANGES				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1353 SW IST ST 44	City & Stat	te	C	ity & State		4. FEI Number 65-1139		54			
OSORIO, DENIS 1353 SW 1ST ST #4	Zip	Соц	intry Zi	ip	Country	5. (Certificate of Status Desired				
SIGNATURE MIAMI FL 33135 City FL Zip Code 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of State and State agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of State and State agent, or both, in the State of Forda. I am familiar with, and accept the obligations of programment of State and State agent, or both, in the State of Forda. I am familiar with, and accept the obligations of the obligat		6. Name and A	ddress of Current Registe	ered Agent		7. N	lame and Address of New Reg	istered Ager	ıt		
Signature Signature required by submits this statement of registered office or registered agent, or both, in the State of Fiorida. Tem familiar with, and accept the obligations of prepiations of prepia	OSOBIO	DENIC	~·		Name	1	·				
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8. The above named entity submits this statement of 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 page-targed agent. Signatur (speak or purpose or generated agent.) Signatur (speak or position.) Signatur (speak or purpose or generated agent.) Signatur (speak or purpose or generated agent.) Signatur (speak or position.) Signatur (speak or purpose or generated agent.) Signatur (speak or purpose or generated agent.		33135	Ψ.		City	1		C1	Zip Code		
SIGNATURE Signature, Oped or period name of implicated Agent and Ren'l applicable. **PILE NOW!!! FEE IS \$150.00 **After May 1, 2003 -Fee will be \$550.00 **Make Check Payable to Florida Department of State** 10.	9 The above	named actity subm	site this statement for the pu	rnace of changing the	agistared office or regi	intered age	ont or both in the State of Floris		liar with	and accort	
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After May 1, 2003 - Fee will be \$550.00 Make Check Payable to Fiorida Department of State 10.	SIGNATURE	Signature, typed or printed	d name of registered agent and file if a	applicable. (NOTE	Registered Agent signature rec	quired when re	instating)	DATE			
After May 1, 2003 - Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	F	ILE NOW!!! FEI	E IS \$150.00								
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CITY-ST-ZIP CITY-ST-ZIP 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: