

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90174 041 \*\*\*158.75

DOCUMENT # P01000003866



1. Entity Name  
EDUARDO COSIO, P.A.

Principal Place of Business  
255 UNIVERSITY DR  
CORAL GABLES FL 33134

Mailing Address  
701 BRICKELL AVE. STE 3000  
MIAMI FL 33131

22003109



2. Principal Place of Business

3211 Ponce de Leon

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
# 302

City & State  
Coral Gables, FL

City & State

4. FEI Number 65-1066700

Applied For  
Not Applicable

Zip  
33134

Country  
USA

Zip

Country

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

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE, STE 3000  
MIAMI FL 33131

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 DPST  Delete  
NAME COSIO, EDUARDO  
STREET ADDRESS ~~255 UNIVERSITY DRIVE, STE 202~~  
CITY-ST-ZIP MIAMI FL 33134

TITLE  Change  Addition  
NAME  
STREET ADDRESS 3211 Ponce de Leon Blvd #302  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/03

CR2E034 (10/02)