

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90042 046 ***158.75

DOCUMENT # P01000061132

1. Entity Name

OSORIO MIAMI ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18001 BISCAYNE BLVD.

3. Mailing Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

1102

Suite, Apt. #, etc.

240

City & State

AVENTURA, FL

City & State

CORAL GABLES, FL

Zip

33160

Country

Zip

33134

Country

4. FEI Number

65-1122155

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD.

SUITE 240

City

CORAL GABLES

FL

Zip Code
33134

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IN THIS SPACE**

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

4-29-02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTSD
OSORIO, CESAR A.
18001 BISCAYNE BLVD., #1102
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
OSORIO, JUAN P.
18001 BISCAYNE BLVD., #1102
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
OSORIO, AUGUSTO
CALLE 103 #23A 13 APT. 202
BOGOTA, COLOMBIA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
OSORIO, GILMA S
CALLE 103 #23A 13 APT. 202
BOGOTA, COLOMBIA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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 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 #

CEGAR OSORIO

4-29-02

CR2E034B (12/01)