FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90211 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000088365**

1. Entity Name
CARMEN E. OSORIO PA.

10066170.

Principal Place of Business	Mailing Address
3718 SAN SIMEON CIR WESTON, FL 33331	3718 SAN SIMEON CIR WESTON, FL 33331

2. Principal Place of Business	3. Mailing Address
4158 FOREST DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State
Zip: 33332 Country: U-S	Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1120837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OSORIO, CARMEN E
3718 SAN SIMEON CIR
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name: OSORIO, CARMEN E
Street Address (P.O. Box Number is Not Acceptable): 4158 FOREST DRIVE
City: WESTON FL Zip Code: 33332

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

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Checks 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 NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, CARMEN E 3718 SAN SIMEON CIR WESTON, FL 33331 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSORIO, CARMEN E. 4158 FOREST DRIVE WESTON, FL 33332 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Carmen E. Osorio 3/17/03 (954) 599448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #