

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

Page 1 of 2

DOCUMENT # P01000088668

1. Entity Name

OYM INC

FILED

02 SEP 16 AM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10808 NW 40 ST

3. Mailing Address

10808 NW 40 ST

State, Apt., P.O.

State, Apt., P.O.

DO NOT WRITE IN THIS SPACE

City & State

SUNRISE FL

City & State

SUNRISE FL

4. FID Number

65-1137266

Agency ID

Not Applicable

Zip

33351

Country

Zip

33351

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name NESTOR CORONADO

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

7360 CORAL WAY STE 21

City MIAMI

State

FL 33155

**DO NOT WRITE
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]

NAME AND STREET ADDRESS (Mailing Address)

NESTOR CORONADO

9/13/02

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 \$612.50

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

PD

NAME

CASTILLO, OMAR H

STREET ADDRESS

10808 NW 40 ST

CITY, ST, ZIP

SUNRISE, FL 33351

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

900007808423--1

08/17/02--010703--005

***300.00 ***150.00

TITLE

VD

NAME

CASTILLO-B, OMAR H

STREET ADDRESS

10808 NW 40 ST

CITY, ST, ZIP

SUNRISE, FL 33351

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

SD

NAME

BLANCO MIRIAN

STREET ADDRESS

10808 NW 40 ST

CITY, ST, ZIP

SUNRISE, FL 33351

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

12. I hereby certify that the information supplied with this filing does not comply for the exemption provided in Section 19.077(3)(b), Florida Statutes. Further, I certify that the information indicated on this report or supplemental report is true and correct and that my signature shall have the same legal effect as if made under oath by me as an officer or director of the corporation or the incorporator or trustee empowered to execute this report as required by Chapter 307, Florida Statutes, and that my name appears in Block 11 or on an attachment with an address, with an officer like empowered.

SIGNATURE:

[Signature]

OMAR H. Castillo

9/13/02

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page 2 of 2

OYM INC
DOC. # P01000088668

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

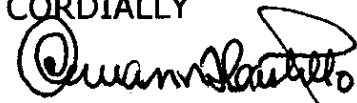
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY



OMAR H. CASTILLO
DIRECTOR