

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State

08-14-2003 90068 023 ***550.00

DOCUMENT # P02000029251

1. Entity Name
COSMYK GROUP, INC.



Principal Place of Business
3674 LOUQUAT AVE.
COCONUT GROVE FL 33133

Mailing Address
3674 LOUQUAT AVE.
COCONUT GROVE FL 33133

2. Principal Place of Business

3151 SW 27 AVE

3. Mailing Address

3151 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

City & State

Coconut Grove, FL

Zip

Country

33133 USA

Zip

Country

33133 USA

4. FEI Number

30-0055891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CASAMAYOR, LUIS

3674 LOUQUAT AVE.

COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name

CASAMAYOR, LUIS

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

3151 SW 27 Avenue

City

Coconut Grove

FL

Zip Code

33133

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]

Luis Casamayor, President

8/11/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE **D** ☐ Delete
NAME **CASAMAYOR, LUIS**
STREET ADDRESS **3674 LOUQUAT AVE.**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **CASAMAYOR, LUIS**
STREET ADDRESS **3151 SW 27 AVE**
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03

Date

305-443-2695

Daytime Phone #

CR2E034 (4/03)