

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90138 027 ***150.00

0298986 AV

DOCUMENT # P02000089798

1. Entity Name
ORIGINAL SPACES INC.



Principal Place of Business
14321 SW 99 CT
MIAMI FL 33176

Mailing Address
14321 SW 99 CT
MIAMI FL 33176



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0798625

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

BOUCICAUT, ERIC
14321 SW 99 CT
MIAMI FL 33176

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
NAME **BOUCICAUT, ERIC**
STREET ADDRESS **14321 SW 99 CT**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **T** ☐ Delete
NAME **KANZKI, RUDOLF**
STREET ADDRESS **777 NE 62ND ST APT C404**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **S** ☐ Delete
NAME **AUGUSTIN, SMITH**
STREET ADDRESS **14321 SW 99 CT**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
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:

ERIC BOUCICAUT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-03 (9542749978)

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

90139774

PO2000089798

SORRY FOR THE DELAY,
THE INCOMING MAIL WAS DELIVERED
AT 14321 SW 99th AVE INSTEAD 99th,
THE RESIDENT AT THAT ADDRESS BROUGHT
IT TO ME YESTERDAY.
THANK YOU.