

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90138 014 ***150.00

DOCUMENT # P02000099281

1. Entity Name
OCA COSTUMS SECURITY, INC.



Principal Place of Business Mailing Address
1550 N.E. 142 STREET 1550 N.E. 142 STREET
MIAMI FL 33161-3015 MIAMI FL 33161-3015



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 47-0890602 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTUSCIELLO, FLOR
1550 N.E. 142 STREET
MIAMI FL 33161-3015

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 FLOR CARTUSCIELLO DATE MARCH 13, 2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
D OCANDO, JOSE A
STREET ADDRESS 1550 N.E. 142 STREET
CITY-ST-ZIP MIAMI FL 33161-3015

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

TITLE NAME ☐ Delete
D MEDINA, GLORIA J
STREET ADDRESS 1550 N.E. 142 STREET
CITY-ST-ZIP MIAMI FL 33161-3015

TITLE NAME ☒ Change ☐ Addition
MEDINA, GLORIA J.
STREET ADDRESS 1550 NE 142nd Street
CITY-ST-ZIP miami, Fla 33161-3015

TITLE NAME ☒ Delete
D CARTUSCIELLO, FLOR
STREET ADDRESS 1550 N.E. 142 STREET
CITY-ST-ZIP MIAMI FL 33161-3015

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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: FLOR CARTUSCIELLO DATE MARCH 13, 2003 305 244 1381

CR2E034 (10/02)