2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 03, 2003 8:00 am Secretary of State

DOCUMENT # P02000104030 1. Entity Name COSER INTERNATIONAL, CORP.				
Principal Place of Business Mailing Address 1151 NE 196 ST 1151 NE 196 ST N MIAMI BEACH FL 33179 N MIAMI BEACH FL 3			79	
2. Principal Place of Business		3. Mailing Address .		- Tabilabi jin darid indii dalik dalik dalik dalik atali atali atali atali atali atali atali indii indii tabil
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
- Name - Company				
COLLADO, YOLANDO DEL 1151 NE 196 ST			Street Addre	ss (P.O. Box Number is Not Acceptable)
N MIANI BEACH FL 33179				
			City	FL Zip Code
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				
Afte	ILE NOWIN FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL COLLADO, YOLANDO 1151 NE 198 ST N MIAMI BEACH FL 33179	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP N.	REZ YOLANDA C. SIN.E. 1965T. MIAKI BEACH, FL. 33 175 Change Addition BB
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, SANTIAGO 723 SW 99 CT CIR MIAMI FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition &
THLE		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	•
CITY-ST-ZIP		•	CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		i	STREET ACCRESS CITY-ST-ZIP	
indicated	on this report or supplemental report is	true and accurate and that r	ny signature shall have ti	Section 119.07(3)(i), Florida Statutes, I further certify that the information he same legal effect as if made under oath; that I am an officer or director 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if