## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 15, 2002 8:00 am Secretary of State P9200000182 DOCUMENT # 1. Entity Name 07-15-2002 90187 004 \*\*\*150.00 O.&.R. SPECIAL PARTY SERVICE INC. Principal Place of Business Mailing Address 12819 SW 134 CT 12819 SW 134 CT MIAMI FL 33186 **SUITE 215** HS **MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0369427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, OSVALDO Street Address (P.O. Box Number is Not Acceptable) 15711 SW 137TH AVE 103 **MIAMI FL 33177** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After September 13, 2002. Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, OSVALDO NAME STREET ADDRESS 15711 SW 137TH AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33177** CITY-ST-ZIP TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME HERNANDEZ, RAQUEL NAME STREET ADDRESS 15711 SW 137 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 supplimental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 



July 5th, 2002 Miami, Fl.

Fla. Dept. of State **Divisions of Corporation** 

To whom it may concern:

As per our conversation with one of your attendances, attached please find our annual form with a check in the amount of \$ 150.00. As we mentioned we never received the first form.

If you have any questions, do not hesitate to contact us.

Sincerely,

Raquel Hernandez

Vice President.

P.S. We have noted our files to keep track for next years application.