

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P93000000337

FILED
Apr 23, 2003
Secretary of State

Entity Name: LISBETH OSLO, INC.

Current Principal Place of Business:

2086 NW 21ST
MIAMI, FL 33142

New Principal Place of Business:

540 NW 28TH STREET
MIAMI, FL 33127

Current Mailing Address:

2086 NW 21ST
MIAMI, FL 33142 US

New Mailing Address:

540 NW 28TH STREET
MIAMI, FL 33127 US

FEI Number: 65-0378600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALAL, ANNE L
1295 SEAGRAPE CIRCLE
WESTON, FL 33326

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DALAL, ANNE L
Address: 1295 SEAGRAPE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: DALAL, ROGER
Address: 3703 BRIDGE ROAD
City-St-Zip: COOPER CITY, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE-LISBETH DALAL

PRES

04/23/2003

Electronic Signature of Signing Officer or Director

_____ Date