## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P93000002071 OSMIR ENTERPRISES INC. 04-09-2001 90016 023 \*\*\*150.00 Principal Place of Business Mailing Address 311 S.W. 62ND AVE. 3400 CORAL WAY MIAMI FL 33144 #600 MIAMI FL 33145-3053 IIS 3. Mailing Address 782 NW LeJeune Road 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 548 Applied For City & State City & State 4. FEI Number 65-0386437 Not Applicable Miami FLORIDA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 3<u>3126</u> USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARQUEZ, JOSE M Street Address (P.O. Box Number is Not Acceptable) 782 NW LEJEUNE ROAD **SUITE 548 MIAMI FL 33126** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PSTD TITLE TITLE Delete PARDO, Mirta C. NAME MARTINEZ, OSVALDO NAME STREET ADDRESS 311 SW 62 Avenue STREET ADDRESS 311 S.W. 62ND AVE. CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33144 MIAMI FL 33144 X Change ☐ Addition VSTD Delete TITLE MARTINEZ, Osvaldo PARDO, MIRTA C NAME 311 SW 62 Avenue STREET ADDRESS STREET ADDRESS 311 SW 62 AVE. CITY-ST-ZIP Miami, FL 33144 CITY-ST-ZIP MIAMI FL 33144 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

03-14/01 c/o: (305) 447-1160
Daytime Phone #

Change

☐ Addition