

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90129 009 ***150.00

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DOCUMENT # P93000072242

1. Entity Name
SOSA-COUSINS, INC.

Principal Place of Business 10030 NW 44TH TERRACE 13-302 MIAMI FL 33178	Mailing Address 10030 NW 44TH TERRACE 13-302 MIAMI FL 33178
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C0044292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9455 SW 5th Lane	3. Mailing Address 9455 SW 5th Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State Miami FL	4. FEI Number 65-0448921	Applied For <input type="checkbox"/> Not Applicable
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Zip 33174	Country Dade	Zip 33174	Country Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COUSINS, RICHARD 10030 NW 44TH TERRACE 13-302 MIAMI FL 33178	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 9455 SW 5th Lane Miami FL City MIAMI FL 33174
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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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, MARTHA E 10030 NW 44TH TERRACE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9455 SW 5th Lane Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUSINS, RICHARD S 10030 NW 44TH TERRACE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9455 SW 5th Lane Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADRON, MARTHA R 10030 NW 44TH TERRACE MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9455 SW 5th Lane Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.

SIGNATURE: Richard S. Cousins **Richard S. Cousins** **7 APR 2001** **305-463-8353**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)