

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021977

1. Entity Name

ODENSE FLORIDA CORPORATION

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90021 020 ***150.00

Principal Place of Business

100 ALMERIA AVENUE
NO. 360
CORAL GABLES FL 33134

Mailing Address

100 ALMERIA AVENUE
NO. 360
CORAL GABLES FL 33134-6027

2. Principal Place of Business

c/o Nicolas Fernandez P.A. c/o Nicolas Fernandez P.A.

Suite, Apt. #, etc.

780 NW Le Jeune Rd, 324 780 NW Le Jeune Rd, 324

City & State

Miami, Florida

Zip
33126

Country
USA

3. Mailing Address

c/o Nicolas Fernandez P.A. c/o Nicolas Fernandez P.A.

Suite, Apt. #, etc.

780 NW Le Jeune Rd, 324 780 NW Le Jeune Rd, 324

City & State

Miami, Florida

Zip
33126

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-9569406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESQUIRE CORPORATE SERVICES, INC.
780 N.W. LE JEUNE ROAD
SUITE 324
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME CARRILLO, OSVALDO ☒ Delete
STREET ADDRESS 100 ALMERIA AVENUE, NO. 360
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Change ☒ Addition
NAME Juan B. Galli
STREET ADDRESS 3500 Gateway Drive, Suite 105
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

Daytime Phone #

CR2E034 (9/99)