

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90117 030 \*\*\*150.00

**DOCUMENT # P95000024526**

1. Entity Name  
**COSMOS TECHNOLOGIES GROUP, INC.**

Principal Place of Business

**1865 NW 97 AVE  
 MIAMI FL 33172**

**US**

Mailing Address

**1865 NW 97 AVE  
 MIAMI FL 33172**

**US**

2. Principal Place of Business

**14269 SW 151 AV**

Suite, Apt. #, etc.

3. Mailing Address

**14269 SW 151 AV**

Suite, Apt. #, etc.

City & State

**MIAMI - FL**

City & State

**MIAMI FL**

Zip

**33196**

Country

**USA**

Zip

**33196**

Country

**USA**

4. FEI Number

**59-3319231**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PERRELLA, CLAUDIO B  
 975 41ST STREET, PH-1  
 MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent

Name  
**Perrella Claudio B**

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

**14269 SW 151 AV**

City **MIAMI**

**FL**

Zip Code

**33196**

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature based on printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**04-23-02**

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P PERRELLA, CLAUDIO B  
 1865 NW 97 AVE  
 MIAMI FL 33172** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: X

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/23/02 (305) 513-6336**

Date

Daytime Phone #

CR2E034 (9/01)