

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 29 PM 5:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P95000027682

1. Entity Name

OSORIO ENTERPRISES OF MIAMI, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

251 Crandon Blvd.

Suite, Apt. #, etc.

323

3. Mailing Address

251 Crandon Blvd.

Suite, Apt. #, etc.

323

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

Zip

33149

Country

USA

4. FEI Number

65-0426121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

De Toro, Miriam

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

231 Altara Avenue

City

Coral Gables

FL

Zip Code

33146

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 renewing)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

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
PTD	OSORIO, EFRAIN	251 Crandon Blvd, Ste 323	Key Biscayne, FL 33149
SVD	OSORIO, NORMA	251 Crandon Blvd, Ste 323	Key Biscayne, FL 33149

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
4000003660004 10/29/02-01056-012 **150.00			
DO NOT WRITE IN THIS SPACE			
PR 11/5			

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/02

Date

1305-788-0461

Daytime Phone #

OSORIO ENTERPRISES OF MIAMI, INC.
251 Crandon Blvd., Suite 323
Key Biscayne, Fl 33149

October 24, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: OSORIO ENTERPRISES OF MIAMI, INC. --
251 Crandon Blvd., Suite 323
Key Biscayne, Fl 33149

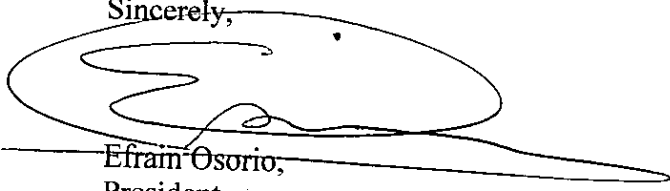
Gentlemen:

Enclosed find our 2002 Annual Report and our \$150.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt.
Consequently if this has not been paid we undoubtedly never received it.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,



Efrain Osorio,
President