

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042586

1. Entity Name

OSIEX USA TRADING, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90068 039 \*\*\*158.75

Principal Place of Business

Mailing Address

C/O ANTONIO SANTOS  
~~501 BRICKELL KEY DRIVE, SUITE 500~~  
MIAMI FL 33131  
US

C/O ANTONIO SANTOS  
~~501 BRICKELL KEY DRIVE, SUITE 500~~  
MIAMI FL 33131-2008  
US

00010512



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

104 CRANDON BLVD.

3. Mailing Address

104 CRANDON BLVD.

Suite, Apt. #, etc.

SUITE 307

Suite, Apt. #, etc.

SUITE 307

City & State

KEY-BISCAYNE, FL

City & State

KEY-BISCAYNE, FL

4. FEI Number

65-0586391

Applied For

Not Applicable

Zip

Country

33149

USA

Zip

33149

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTOS, ANTONIO C  
501 BRICKELL KEY DR  
SUITE NO 500  
MIAMI FL 33131

Name

SANTOS, ANTONIO C

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

104 CRANDON BLVD.

SUITE 307

City

KEY BISCAYNE

FL

Zip Code

33149

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME SANTOS, ANTONIO C  
STREET ADDRESS 501 BRICKELL KEY DR #500  
CITY-ST-ZIP MIAMI FL 33131

TITLE PSD ☒ Change ☐ Addition  
NAME SANTOS, ANTONIO C  
STREET ADDRESS 104 CRANDON BLVD #307  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE VD ☒ Delete  
NAME GASPARINO, MARCIA G.  
STREET ADDRESS 501 BRICKELL KEY DR #500  
CITY-ST-ZIP MIAMI FL 33131

TITLE VTD ☒ Change ☐ Addition  
NAME GASPARINO, MARCIA G.  
STREET ADDRESS 104 CRANDON BLVD #307  
CITY-ST-ZIP KEY BISCAYNE, FL 33149

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SANTOS, ANTONIO C. 1/19/00 (305) 361-7547

Date

Daytime Phone #