

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90028 037 ***158.75

024176 AV

DOCUMENT # P95000042586

1. Entity Name
OSIEX USA TRADING, INC.

Principal Place of Business

**104 CRANDON BLVD
 STE 307
 KEY BISCAYNE FL 33149
 US**

Mailing Address

**104 CRANDON BLVD
 STE 307
 KEY BISCAYNE FL 33149
 US**



2. Principal Place of Business

3. Mailing Address

445 GRAND BAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 810

City & State

City & State

KEY BISCAYNE, FL

4. FEI Number

65-0586391

Applied For
 Not Applicable

Zip

Country

Zip

33149

Country

US

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
 109 CRANDON BLVD
 STE 307
 KEY BISCAYNE FL 33149**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **SANTOS, ANTONIO C**
 STREET ADDRESS **104 CRANDON BLVD #307**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE **VD** ☐ Delete
 NAME **GASPARINO, MARCIA G.**
 STREET ADDRESS **104 CRANDON BLVD 307**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE ☐ Delete
 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

SANTOS, ANTONIO C.

Date

Daytime Phone #

1/18/2002 305-361-7547

CR2E034 (9/01)