

-2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 014 ***150.00

DOCUMENT # *P95000074029***1. Entity Name***O.E. SOCIETY CORP.***Principal Place of Business****Mailing Address***2000 ISLAND BLVD. #501
WILLIAMS ISLAND
Aventura, FL. 33160***2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number*05-0619489*

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

A0071787**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

Name

PEORO M. GALLINAN

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

6701 SONNET DRIVE #100

City

MIAMI, FL.

FL

Zip Code

*33143***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

*5-11-01***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, 2001 Fee will be \$150.00

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	<i>OSSA, HERNAN</i>	☐ Delete
NAME	<i>2000 ISLAND BLVD #501</i>	
STREET ADDRESS	<i>Aventura, FL - 33160</i>	
CITY-ST-ZIP		

TITLE	<i>OSSA, ENRIQUE</i>	☐ Delete
NAME	<i>2000 ISLAND BLVD #501</i>	
STREET ADDRESS	<i>Aventura, FL - 33160</i>	
CITY-ST-ZIP		

TITLE		☐ Delete
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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

*5-11-01**305-668-4848*

CP2E034 (11/00)