

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000051918

1. Entity Name

COSMO ENTERPRISES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90178 042 ***150.00

Principal Place of Business

7061 GRAND NATIONAL DR.
124
ORLANDO FL 32819
US

Mailing Address

7061 GRAND NATIONAL DR.
124
ORLANDO FL 32819-8398
US

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

59-3379262

Applied For

Not Applicable

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

~~SIMONE, SAVERIO~~
~~8312 FOXWORTH CIRCLE~~
~~ORLANDO FL 32819~~

Name

SAVERIO SIMONE

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

8043 HORSE FERRY ROAD

City

ORLANDO

FL

Zip Code

32835

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

JAN/07/2000

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 HOFBAUER, FRANZ
STREET ADDRESS ~~8312 FOXWORTH CIRCLE~~
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8043 HORSE FERRY ROAD
CITY-ST-ZIP ORLANDO FL 32835

TITLE VPDS ☐ Delete
NAME SIMONE, SAVERIO
STREET ADDRESS 8312 FOXWORTH CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8043 HORSE FERRY ROAD
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN/07/2000 (407) 370 3070
Date Daytime Phone #

CR2F034 (9/00)