

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90952 001 ***150.00

002150960

DOCUMENT # P96000101007

1. Entity Name
OSKIN CO.

Principal Place of Business

Mailing Address

**2624 NW 97 AVE
 MIAMI FL 33172
 US**

**2624 NW 97 AVE
 MIAMI FL 33172
 US**

2. Principal Place of Business

3. Mailing Address

**12554 N. Kendall Dr.
 Suite, Apt. #, etc.**

**12554 N. Kendall Dr.
 Suite, Apt. #, etc.**

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number **65-0713491**

Applied For

Not Applicable

Zip

Country

Zip

Country

33186 USA

33186 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

**SANCHEZ, ANA L
 7413 SW 127 PL
 MIAMI FL 33183**

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 *Ana L. Sanchez* **Ana L. Sanchez**

4/26/01

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, 2001 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 Delete
 NAME **PD SANCHEZ, ANA L**
 STREET ADDRESS **7413 SW 127 PL**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE Change Addition
 NAME **PRESIDENT ANA L SANCHEZ**
 STREET ADDRESS **10700 SW 108 AVENUE # C-415**
 CITY-ST-ZIP **Miami, FL 33176**

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
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 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ana L. Sanchez* **Ana L. Sanchez**

4/26/01

305 412 9664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)