

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002041

1. Entity Name

OSIS WORLD TRAVEL, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90028 008 ***150.00

Principal Place of Business

2718 W ATLANTIC BLVD
POMPANO BEACH FL 33069

Mailing Address

17 SOUTHERN CRISS CIRCLE
107
BOYNTON BEACH FL 33436

2. Principal Place of Business

1490 S Military Trail Ste 13-D

3. Mailing Address

2152 TELOGIA COURT

Suite, Apt. #, etc.

13-D

Suite, Apt. #, etc.

City & State

West PALM BEACH

City & State

West PALM BEACH

Zip

Country

U.S.A

Zip

Country

U.S.A

4. FEI Number

65-0810226

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

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

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, 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 **D**
STREET ADDRESS **DIAZ, MAURICIO A**
CITY-ST-ZIP **17 SOUTHERN CROSS CIR #107
BOYNTON BEACH FL 33436**

TITLE ☐ Change ☐ Addition
NAME **D**
STREET ADDRESS **MAURICIO DIAZ MAURICIO A**
CITY-ST-ZIP **2152 TELOGIA COURT
West PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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

04/26/01

Date

561-965-1714

Daytime Phone #

CR2E034 (10/00)