## 2003 FOR PROFIT CORPORATION

**FILED** Mar 10, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000004684 DOCUMENT # 1. Entity Name 03-10-2003 90774 038 \*\*\*150.00 OSMIR HOME INVESTMENTS, INC. Principal Place of Business Mailing Address 7013 CROWN GATE PLACE 7013 CROWN GATE PLACE 10035713 MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address 042 W2 Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-0855197 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNOZ, JUAN O Street Address (P.O. Box Number is Not Acceptable) 7013 CROWN GATE PLACE. MIAMI LAKES FL 33014 City 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. I am familiar with, and accept the obligations of r SIGNATURE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 TITLE ☐ Delete TITLE ☐ Change . Addition NAME MUNOZ, JUAN O NAME 7013 CROWN GATE PLACE STREET ADDRESS STREET ADDRESS 1416, Leaning Pine Dr. MIAMI LAKES FL 33014 CITY-ST-ZIP CITY-ST-ZIP Mianis Letker FL 33014 Margarita w. munoz TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 14161 Leaning Pine Dr. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami Lakes PC 33074 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 receiper of the corporation or the receiper trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachme

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

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