

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91485 011 ***150.00

0365614 AV

DOCUMENT # P98000015287

1. Entity Name

OSTER CAMPAIGN GROUP, INC.



Principal Place of Business
1750 NW 99TH AVE
FORT LAUDERDALE FL 33322

Mailing Address
1750 NW 99TH AVE
FORT LAUDERDALE FL 33322



2. Principal Place of Business

1560 Sawgrass Corp. Pkwy

3. Mailing Address

1560 Sawgrass Corp. Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fourth Floor

Fourth Floor

City & State

City & State

Sunrise, FL

Sunrise, FL

Zip

Zip

33323

33323

Country

USA

Country

USA

4. FEI Number

65-0813015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSTER, RUSSELL L
1750 NW 99TH AVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name: Glater & Associates, P.A.
Street Address (P.O. Box Number is Not Acceptable): 1560 Sawgrass Corporate Parkway
City: Sunrise
State: FL
Zip Code: 33323

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 registered agent.

SIGNATURE: [Signature] LPA

(NOTE: Registered Agent signature required when reinstating)

DATE

04-09-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSTER, RUSSELL 1750 NW 99TH AVE PLANTATION FL 33322	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or 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 attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Russell Oster
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

954-523-0082
Daytime Phone #

CR2E034 (10/02)