

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT: **P98000031064**
 1. Entity Name
OSMIN ESCOBAR INC.

FILED

01 APR 16 PM 4:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
9911 River Crest Court
ORLANDO FL 32825

2. Principal Place of Business 3. Mailing Address
9911 River Crest Court

Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State **Orlando Florida**
 Zip **32825** Country **U.S.**

REINSTATEMENT

DO-01

4. FEI Number **59-3515452** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OSMIN ESCOBAR
9911 RIVERCREST CT
ORLANDO FL 32825

7. Name and Address of New Registered Agent
 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]* (NOTE: Registered Agent signature required when reinstating) DATE **4-10-00**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSMIN ESCOBAR
STREET ADDRESS	9911 RIVERCREST COURT
CITY-ST-ZIP	ORLANDO FL 32825
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004064346--6
STREET ADDRESS	-04/24/01--01086--020
CITY-ST-ZIP	****900.00 ****900.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004064346--6
STREET ADDRESS	-04/24/01--01086--021
CITY-ST-ZIP	****450.00 ****450.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE **03-13-01** DAYTIME PHONE #

CR2E034 (9/99)