

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068559

1. Entity Name
OSCI CONSTRUCTION, INC.

Principal Place of Business
6600 NORTHWEST 27 AVENUE
WARE #103
MIAMI FL 33147

Mailing Address
6600 NORTHWEST 27 AVENUE
WARE #103
MIAMI FL 33147

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 65-0854548 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GILMORE, ALBERT E
N.W 59TH ST.
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name Albert E. Gilmore

Street Address (P.O. Box Number is Not Acceptable)

14620 Monroe St.

City Miami, FL Zip Code 33176

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 Albert E. Gilmore

(NOTE: Registered Agent signature required when reinstating)

DATE 2/21/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

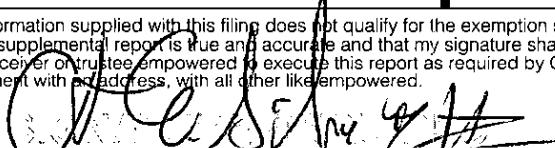
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GILMORE, ALBERT E 1457 N.W 59TH ST. MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Chairman Albert E. Gilmore 14620 Monroe St. Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GILMORE, ALBERT E 1957 N.W 59TH ST. MIAMI FL 33142	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP President Albert E. Gilmore 14620 Monroe St. Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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 a new address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 786-486-2873
Date Daytime Phone #