

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90438 032 ***150.00

1/24/03/0
AV

DOCUMENT # P98000077032



1. Entity Name
EUGENIA AND OSCAR, INC.

Principal Place of Business
**13950 W. DIXIE HIGHWAY
NORTH MIAMI FL 33161**

Mailing Address
**1707 CLEVELAND RD.
MIAMI FL 33141**



2. Principal Place of Business

3. Mailing Address

2500 PARKVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

812 C

City & State

City & State

HALLANDALE BCH. FL

4. FEI Number **65-0863421**

Applied For

Not Applicable

Zip

Country

Zip

Country

33009

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EUGENIA, GIRALDO
13950 W DIXIE HWY
NORTH MIAMI FL 33161**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D GIRALDO, OSCAR 13950 W. DIXIE HIGHWAY NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRALDO, EUGENIA 13950 W. DIXIE HIGHWAY NORTH MIAMI FL 33161	<input type="checkbox"/> Delete
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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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/27/03**
Daytime Phone #: **954 457-8210**

CR2E034 (10/02)