

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90160 034 ***150.00

0106537 AV

DOCUMENT # P99000009046

1. Entity Name
OUTSOURCE 2 SOLUTIONS, INC.

Principal Place of Business

**815 N.W. 57TH AVE.
 SUITE 125
 MIAMI FL 33126**

Mailing Address

**815 N.W. 57TH AVE.
 SUITE 125
 MIAMI FL 33126**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 CATALONIA AVE.

3. Mailing Address

224 CATALONIA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables FL.

City & State

Coral Gables FL.

Zip

33134

Country

Dade

Zip

33134

Country

Dade

4. FEI Number

NOT APPLICABLE

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, VALENTIN

815 N.W. 57TH AVE. 224 CATALONIA AVE.

SUITE 125

MIAMI FL 33126 Coral Gables, FL. 33134

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LOPEZ, VALENTIN**
 STREET ADDRESS **815 N.W. 57TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33126**

☒ Change ☐ Addition
 TITLE **224 CATALONIA AVE**
 NAME **CORAL GABLES, FL. 33134**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **LEVI, RAIMUNDO L**
 STREET ADDRESS **815 N.W. 57TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33126**

☒ Change ☐ Addition
 TITLE **224 CATALONIA AVE.**
 NAME **CORAL GABLES, FL. 33134**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition
 TITLE
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☐ Change ☐ Addition
 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)