

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 SEP 12 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000025758
1. Entity Name
Cosio Financial Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12213 S.W. 102 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
12213 S.W. 102 TERRACE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
05-0904148

Applied For
Not Applicable

Zip
33184 Country
USA

Zip
33184 Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JUAN L. COSIO
Street Address (P.O. Box Number is Not Acceptable)
12213 S.W. 102 TERRACE
City Miami **FL** Zip Code 33184

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 JUAN L. COSIO  9/1/2002
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PTDS Juan L. COSIO 12213 S.W. 102 TERRACE Miami, FL 33184</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SVD Lillian J. COSIO - DELETE 12213 S.W. 102 TERRACE Miami, FL 33184</u>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>100007810041</u> <u>09/17/02-01074-020</u> <u>*****61.25 *****61.25</u>
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN L. COSIO  9/1/02 (786)275-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0345 (12/01)

9/12/02