

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90048 013 ***150.00

DOCUMENT # P99000049429

1. Entity Name
O & O PROFESSIONAL AND EXECUTIVE GROUP CORP.

Principal Place of Business C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 S. DIXIE HWY. PH 2 MIAMI FL 33156	Mailing Address C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 S. DIXIE HWY. PH 2 MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3440 Hollywood Blvd	3. Mailing Address 3440 Hollywood Blvd
Suite, Apt. #, etc. 360	Suite, Apt. #, etc. 360
City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33021	Country U.S.A.

4. FEI Number 65-0924744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**ROTH, LEONARDO A
 9350 SOUTH DIXIE HWY, PH2
 MIAMI FL 33156**

7. Name and Address of New Registered Agent
 Name: **ROTH, LEONARDO A.**
 Street Address (P.O. Box Number is Not Acceptable):
3440 HOLLYWOOD, BLVD, SUITE 360
 City: **HOLLYWOOD** FL Zip Code: **33021**

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: **LEONARDO A. ROTH, CSA** DATE: **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT OSORIO, DAVID 9350 S. DIXIE HWY, PH2 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV OSORIO, DAVID 9350 S. DIXIE HWY, PH2 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T OSORIO, DAVID 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, TV OSORIO, DAVID 3440 HOLLYWOOD BLVD, SUITE 360 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **(D,P,T)** DATE: **4-27-01** DAYTIME PHONE #: **954-322-4280**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)