

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P90000060784

1. Entity Name
COSMODATA USA, INC

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90640 024 ***150.00

Principal Place of Business

Mailing Address

2500 SW 107 AV. # 49
MIAMI FL. 33165

2. Principal Place of Business

2500 SW 107 AV.

3. Mailing Address

Suite, Apt. #, etc.

49

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State

4. FEI Number

65-0933261

Applied For

Not Applicable

Zip

33165

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DORIS MARTINEZ

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

2500 S.W. 107 AVENUE # 49

City

MIAMI

FL

Zip Code

33165

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

04/25/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
MANRIQUE ROMERO
2500 SW 107 AV. # 49
MIAMI FL. 33165

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GLORIA HOCKADAY
185 S.E. 14 TERRACE # 1412
MIAMI FL. 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/01 (305) 226-2126

CR2E034 (10/00)