

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90213 037 ***150.00

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FP

DOCUMENT # P99000060784

1. Entity Name
COSMODATA USA, INC.



Principal Place of Business
2500 SW 107 AVENUE #49
MIAMI FL 33165

Mailing Address
2500 SW 107 AVENUE #49
MIAMI FL 33165



2. Principal Place of Business
11402 N.W. 41 ST
Suite, Apt. #, etc.
211

3. Mailing Address
11402 NW 41 Street
Suite, Apt. #, etc.
211

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FLORIDA

City & State
MIAMI FL.

4. FEI Number 65-0933261

Applied For
Not Applicable

Zip 33178 Country -U.S.

Zip 33178 Country US

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

6. Name and Address of Current Registered Agent

MARTINEZ, DORYS
2500 SW 107 AVE
STE 49
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name DORYS MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
11402 NW 41 ST Ste 211
MIAMI
City MIAMI FL Zip Code 33178

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

TITLE PD
NAME ROMERO, MANRIQUE
STREET ADDRESS 2500 SW 107 AVENUE #49 11402 NW 41 ST #211
CITY-ST-ZIP MIAMI FL 33165 178

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)