

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104533

1. Entity Name

OSORIO'S DESIGN INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90053 022 ***150.00

Principal Place of Business

5180 NW 7TH ST.
 APT 819
 MIAMI FL 33126

Mailing Address

5180 NW 7TH ST.
 APT 819
 MIAMI FL 33126

2. Principal Place of Business

235 SIDONIA AVE #309

3. Mailing Address

235 SIDONIA AVE

Suite, Apt. #, etc.

309

Suite, Apt. #, etc.

309

City & State

CORAL GABLES FLA

City & State

CORAL GABLES FLA.

4. FEI Number

65-0973232

Applied For

Not Applicable

Zip

33134

Country

MIAMI DADE

Zip

33134

Country

MIAMI DADE

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

CORREA, GUSTAVO A
 5180 NW 7TH ST.
 APT 819
 MIAMI FL 33126

Name

OSORIO, GUSTAVO A.

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

235 SIDONIA AVE #309

City

CORAL GABLES

FL

Zip Code

33134

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	OSORIO, GUSTAVO A	
STREET ADDRESS	5180 NW 7TH ST. APT. 819	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSORIO GUSTAVO A.	
STREET ADDRESS	235 SIDONIA AVE #309	
CITY-ST-ZIP	CORAL GABLES FLA 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

04-15-00 (305)774 9591

Date

Daytime Phone #

CR2E034 (9/99)