

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

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

04-28-2003 91468 004 \*\*\*\*61.25

DOCUMENT # N 95 0000 05428 (6)

1. Entity Name

FRIENDS OF THE OCCOSW, INC

00001130

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o Ana M Guillen		3. Mailing Address same	
250 Catalonia Ave #400		Same Apt. #, etc.	
Coral Gables FL		City & State	
33134	DADE	33134	Country
4. FEI Number 65-0642991		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Ana M. Guillen

Street Address (P.O. Box Number is Not Acceptable):  
250 Catalonia Ave # 400  
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 \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	-----------------------------

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ANA M- Guillen P/D 250 CATALONIA AVE # 400 Coral Gables FL 33134	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	LAURIE DORIE Sec/D 9349 ABBOTT AVE SURFSIDE FL 33154	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Eugenia THOMAS Tre/D 1116 NW 41 ST MIAMI FL 33127	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	KAY SULLIVAN VP/D Clerk of Board 111 NW 1st #17 FLOOR MIAMI FL 33128	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Irela Baque 15 MADEIRA AVE #6 D Coral Gables FL 33134	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS 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)(f), 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 assignee authorized 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, which is not otherwise provided.

SIGNATURE: *[Signature]* President 4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daying Phone # \_\_\_\_\_