# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 24, 2000 8:00 am**
**Secretary of State**
05-24-2000 90168 007 ***150.00

DOCUMENT # M02152

1. Entity Name

ROESONS ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3201 N FEDERAL HWY<br>SUITE 214<br>FT LAUDERDALE FL 33306<br>US | 7880 NORTH UNIVERISTY DRIVE<br>SUITE 100<br>TAMARAC FL 33321-2124<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 15280 NW 79TH COURT | |
| Suite, Apt. #, etc.: 102 | Suite, Apt. #, etc. |
| City & State: MIAMI LAKES FL | City & State |
| Zip: 33016 Country: MIAMI-DADE | Zip Country |

4. FEI Number 59-2418659 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

POOLE & GOLDSTEIN
7880 NORTH UNIVERSITY DRIVE #100
TAMARAC FL 33321

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROE, BRIAN<br>3201 N FEDERAL HWY SUITE 214<br>FT. LAUDERDALE FL | ☐ Delete | PD<br>ROE, BRIAN<br>15280 NW 79TH STREET, SUITE 102<br>MIAMI LAKES, FL 33016 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ROE, ANDRAE<br>15491 SW 82ND AVE.<br>MIAMI FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROE, CHRISTOPHER G.<br>BELIZE CITY, 6 FORT ST<br>BELIZE | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ROQUE, RAMIREZ<br>6 FORT STREET<br>BELIZE CITY BE | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PROULX, JUDITH E<br>3201 N FEDERAL HWY SUITE 214<br>FORT LAUDERDALE FL | ☐ Delete | D<br>PROULX, JUDITH E<br>15280 NW 79TH STREET SUITE 102<br>MIAMI LAKES, FL 33016 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ 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:** _____ Brian D. Roe 5/1/00 305 821-6131.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #