

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90237 036 ***150.00

DOCUMENT # P93000035775

1. Entity Name
ROSALT, INC.

Principal Place of Business
3399 POUCE DE LEON BLVD.
SUITE 202
CORAL GABLES FL 33134
US

Mailing Address
3399 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES FL 33134
US



2. Principal Place of Business
9553 Harding Ave
 Suite, Apt. #, etc.
308

3. Mailing Address
 Suite, Apt. #, etc.
P.O. Box 345867

DO NOT WRITE IN THIS SPACE

City & State
Surfside, Fl.
 Zip
33154 Country
USA

City & State
Surfside, Fl.
 Zip
33154 Country
USA

4. FEI Number **65-0411829**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HANS BAUMBERGER
3399 PONCE DE LEON BLVD.
SUITE 202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Hans Baumberger**
 Street Address (P.O. Box Number is Not Acceptable)
9553 Harding Ave # 308
 City **Surfside** FL Zip Code **33154**

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 **Hans Baumberger** DATE **1/23/2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PTSM BAUMBERGER, HANS 3399 PONCE DE LEON BLVD. SUITE 202 CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSM Baumberger, Hans <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9553 Harding Ave #308 Surfside, Fl. 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Hans Baumberger** DATE **1/23/2002** Daytime Phone # **305-867-8870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOT FOR FILING

CR2E034 (9/01)