2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P95000011988 Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** ROSNICK ENTERPRISES, INC. 03-28-2000 90082 031 ***158.75 Principal Place of Business Mailing Address 3003 SW 18 ST 3003 SW 18 ST MIAMI FL 33145-1917 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address 0 BOX 42-0427 310 SOUTH HIBISCUS DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0564138 MIAMI BOAZH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARRIOS, JOSE A Street Address (P.O. Box Number is Not Acceptable) HIBISCUS PAINE 3003 SW 18 ST SOUTH **MIAMI FL 33145** BEARIH Zip Code **33/3**9 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete BARRIOS, JSE A JR NAME NAME 380 SOUTH HIBISCUS DAINS STREET ADDRESS STREET ADDRESS 3003 SW 18 ST CITY-ST-ZIP MIDMI BEAZH, FL 33139 CITY-ST-7IP **MIAMI FL 33145** Addition Change DST ☐ Defete TITLE TITLE BARRIOS, LYDIA 380 SOUTH HIBISCUS PRIVE NAME 3003 SW 18 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 Change Addition ☐ Delete TITLE BARRIOS, JOSE NAME SOUTH H. AISENS PAIN STREET ADDRESS STREET ADDRESS 3003 SW 18 ST MIAMI BENEIL, HL 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.