

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90073 008 ***158.75

DOCUMENT # P95000011988

1. Entity Name
ROSINICK ENTERPRISES, INC.

Principal Place of Business 380 SOUTH HIBISCUS DRIVE MIAMI FL 33139	Mailing Address PO BOX 420427 MIAMI FL 33242-0427
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P O Box 420427	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami FL	City & State
Zip 33242-0427	Country

4. FEI Number 65-0564138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BARRIOS, JOSE A
 3001 NW 17TH AVENUE
 MIAMI FL 33142**

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARRIOS, JOSE A JR 380 SOUTH HIBISCUS DRIVE MIAMI FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARRIOS, LYDIA 380 SOUTH HIBISCUS DRIVE MIAMI FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRIOS, JOSE 380 SOUTH HIBISCUS DRIVE MIAMI FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Barbara Perez 94 S. Hibiscus Dr. Miami, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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: *Jose Barrios* **JOSE BARRIOS** 1/18/01 (305) 635-3382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)