

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2000 8:00 am
Secretary of State
07-18-2000 90018 012 ***150.00

DOCUMENT # P98000029352

1. Entity Name
ROSSI PROPERTY SERVICES GROUP, INC.

R

Principal Place of Business
21660 N.W. 3RD STREET
PEMBROKE PINES FL 33029
Mailing Address
21660 N.W. 3RD STREET
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0825427
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VEREBAY, LAYNE
190 N.E. 199TH STREET, SUITE 204
NORTH MIAMI FL 33179

7. Name and Address of New Registered Agent
Name: Edward J. Rossi
Street Address (P.O. Box Number is Not Acceptable)
21660 N.W. 3rd St
Pembroke Pines FL Zip Code 33029

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] DATE: 7/10/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Delete checkbox. Row 1: DPST, ROSSI, EDWARD J, 21660 N.W. 3RD STREET, PEMBROKE PINES FL 33029.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. All fields are currently empty.

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: [Signature] DATE: 7/10/00 DAYTIME PHONE #: (954) 432-8739