2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all

SIGNATURE:

FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # P99000025305 1. Entity Name ROSIE'S MINIONS, INC. 05-15-2000 90264 032 ***150.00 Mailing Address Principal Place of Business 5904 38TH AVENUE EAST 5904 38TH AVENUE EAST **BRADENTON FL 34208 BRADENTON FL 34208-6668** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 65-0905119 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEBORAH SINZ SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 5904 38th AVE E 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangib 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 12. OFFICERS AND DIRECTORS 11. PSD Change ☐ Addition TITLE ☐ Defete TITLE SINZ, DEBORAH NAME NAME STREET ADDRESS STREET ADDRESS 5904 38TH AVENUE EAST CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SINZ, COOPER NAME NAME 5904 38TH AVENUE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Change ☐ Addition Delete TITLE TITÎ F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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