

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271111

1. Entity Name

ROSA BROS., INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90057 026 ***150.00

Principal Place of Business

1100 N W 22 ST
MIAMI FL 33127

Mailing Address

1100 N W 22 ST
MIAMI FLA 33127-4528

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1009162

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSA, ISIDORE
1100 NORTH WEST 22ND STREET
MIAMI FL 33127

Name

JAMIE ROSA

Street Address (P.O. Box Number is Not Acceptable)

1100 NORTH WEST 22ND STREET

City

MIAMI

FL

33127

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 JAMIE ROSA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/22/2000

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, 2000 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	PD	<input checked="" type="checkbox"/> Delete
NAME	ROSA, ISIDORE	
STREET ADDRESS	3260 NE 165TH STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROSA, CAROL	
STREET ADDRESS	3260 NE 165TH STREET	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMIE ROSA	
STREET ADDRESS	3100 NE 164TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD ROSA	
STREET ADDRESS	3260 NE 165TH STREET	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jamie Rosa JAMIE ROSA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-324-1510

Date

Daytime Phone #

CD02EN04 (0/000)