

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90017 014 \*\*\*150.00

818587



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 412936**

1. Entity Name  
**ROBERT J. ROSSI, INC.**

Principal Place of Business  
 9350 NW SOUTH RIVER DR.  
 MIAMI FL 33166

Mailing Address  
 12000 ASHFORD LANE  
 DAVIE FL 33325-2223  
 US

2. Principal Place of Business  
**13020 N.W. 3 ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**13020 N.W. 3 ST.**  
 Suite, Apt. #, etc.

City & State  
**PLANTATION FL**  
 Zip  
**33325** Country  
**U.S.A.**

City & State  
**PLANTATION FL**  
 Zip  
**33325** Country  
**U.S.A.**

4. FEI Number **59-1435311** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROSSI, ROBERT J.**  
**12000 ASHFORD LANE**  
**FT. LAUDERDALE FL 33325**

**7. Name and Address of New Registered Agent**

Name **ROBERT J. ROSSI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13020 N.W. 3 ST.**  
 City **PLANTATION FL** Zip Code **33325**

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 *Robert J. Rossi*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/1/00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROSSI, ROBERT J.</b> <b>12000 ASHFORD LANE</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSSI, ROBERT J.</b> <b>12000 ASHFORD LANE</b> <b>DAVIE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES</b> <b>ROBERT J. ROSSI</b> <b>13020 N.W. 3 ST.</b> <b>PLANTATION FL 33325</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this report 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: *Robert J. Rossi* **President** Date **3/1/00** Daytime Phone # **954 931-4657**

CR2E034 (9/99)