

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
 03-06-2000 90017 014 ***150.00

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

818587



DO NOT WRITE IN THIS SPACE

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.

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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 *[Signature]*
 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROBERT J. ROSSI 13020 N.W. 3 ST. PLANTATION FL 33325	<input checked="" 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **President**

3/1/00

954 931-4657

CR2E034 (9/99)