

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002757

1. Entity Name

ROSADO GRANDE, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90050 020 ***150.00

Principal Place of Business

Mailing Address

900 COTTAGE GROVE RD., #2-311
S-215
HARTFORD CT 06152-2215
US

900 COTTAGE GROVE RD., #2-311
S-215
HARTFORD CT 06152-0001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

900 COTTAGE GROVE ROAD
Suite, Apt. #, etc.
S-215

900 COTTAGE GROVE ROAD
Suite, Apt. #, etc.
W-15

City & State
HARTFORD, CT 06152-2215

City & State
HARTFORD, CT 06152-5015

4. FEI Number 06-1460162

Applied For
Not Applicable

Zip
06152-2215

Country
USA

Zip
06152-5015

Country
USA

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME ALBERT, HAROLD W
STREET ADDRESS 900 COTTAGE GROVE RD., #S-215
CITY-ST-ZIP HARTFORD CT 06152-2311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME PICCONE, SCOTT S
STREET ADDRESS 900 COTTAGE GROVE RD., #S-215
CITY-ST-ZIP HARTFORD CT 06152-2215 ☒ Delete

TITLE P
NAME ANDERSON, JEAN M.
STREET ADDRESS 900 COTTAGE GROVE RD., #S-311
CITY-ST-ZIP HARTFORD, CT 06152-3311 ☒ Change ☒ Addition

TITLE D
NAME JONES, THOMAS C
STREET ADDRESS 900 COTTAGE GROVE RD., #S-215
CITY-ST-ZIP HARTFORD CT 06152-2311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME SMITH, THOMAS M
STREET ADDRESS 900 COTTAGE GROVE RD., #S-215
CITY-ST-ZIP HARTFORD CT 06152-2311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME FAIR, ROBERT
STREET ADDRESS 900 COTTAGE GROVE RD., #S-215
CITY-ST-ZIP HARTFORD CT 06152-2311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME O'COIN, GERALDINE J
STREET ADDRESS 900 COTTAGE GROVE RD
CITY-ST-ZIP HARTFORD CT ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Geraldine J. O'Coin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geraldine J. O'Coin

3/9/2000

860.726-5986
Daytime Phone #