

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K14898

1. Entity Name

ROSS PARKING SYSTEMS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90057 014 ***150.00

0501855

Principal Place of Business

Mailing Address

220 MIRACLE MILE
SUITE 201
CORAL GABLES FL 33134

P.O. BOX 45-3533
MIAMI FL 33245

977036

2. Principal Place of Business

3. Mailing Address

16516 SW 36 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0029592

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

PINEIRO, ENRIQUE
220 MIRACLE MILE
SUITE 201
MIAMI FL 33134

Name

Enrique Rosende

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

16516 SW 36 CT.

City

Miramar

FL

Zip Code

33027

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

4/25/01

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, 2001 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 ☐ Delete
NAME ROSENDE, ENRIQUE
STREET ADDRESS 235 MIRACLE MILE #201
CITY-ST-ZIP CORAL GABLES FL

TITLE P.V.S.D. ☒ Change ☐ Addition
NAME Enrique Rosende
STREET ADDRESS 16516 SW 36 CT
CITY-ST-ZIP Miramar, FL 33027

TITLE VSD ☒ Delete
NAME PINEIRO, ENRIQUE
STREET ADDRESS 235 MIRACLE MILE #201
CITY-ST-ZIP CORAL GABLES FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01

CR2E034 (10/00)