

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70791

1. Entity Name

FRANK B. ROSELIONE PH.D. P.A.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90159 034 ***150.00

Principal Place of Business

10811 NW 29TH CT.
 SUNRISE FL 33322

Mailing Address

10811 NW 29TH CT.
 SUNRISE FL 33322

00045567

2. Principal Place of Business

3. Mailing Address

16280 Oneida Place

16280 Oneida Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie FL

City & State

Davie FL

4. FEI Number

65-0100942

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

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

ROSELIONE, FRANK B., PH.D.
 10811 NW 29TH CT.
 SUNRISE FL 33322

Name Roselione, Frank B., PH.D.

Street Address (P.O. Box Number is Not Acceptable)
 16280 Oneida Place

City Davie

FL

Zip Code 33331

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

Frank Roselione Ph.D.

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, 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 D ☐ Delete
 NAME ROSELIONE, FRANK B., PHD
 STREET ADDRESS 10811 N.W. 29TH CT.
 CITY-ST-ZIP SUNRISE FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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:

Frank Roselione Ph.D. Frank B. Roselione, Ph.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

934-689-
 423-01 4002

CR2E034 (10/00)