

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K89074

1. Entity Name

ROUSSEAU INVESTMENTS, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90193 001 *3,000.00

11214



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR SUITE 703 MIAMI FL 33133 US	2665 S. BAYSHORE DR SUITE 703 MIAMI FL 33133-5401 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	65-0120041	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
WORLD CORPORATE SERVICES, INC 2665 S. BAYSHORE DRIVE SUITE 703 MIAMI FL 33133

7. Name and Address of New Registered Agent		
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 _____ (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	
TITLE	S <input type="checkbox"/> Delete
NAME	RICHARDS, TIMOTHY D.
STREET ADDRESS	2665 S. BAYSHORE DR, SUITE 703
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DP <input type="checkbox"/> Delete
NAME	VAUGHAN, RICHARD
STREET ADDRESS	2665 S BAYSHORE DR STE 703
CITY-ST-ZIP	MIAMI FL 33133
TITLE	DVP <input type="checkbox"/> Delete
NAME	VAUGHAN, MICHAEL
STREET ADDRESS	2665 S BAYSHORE DR STE 703
CITY-ST-ZIP	MIAMI FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Timothy D. Richards DATE: 4-27-00 (305) 655-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)