

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0315857 AV

04-09-2002 90026 026 \*\*\*150.00

**DOCUMENT # L21430**  
 1. Entity Name  
**JAMES DE ROSA INTERNATIONAL, INC.**

Principal Place of Business 835 NW 7TH TERRACE FORT LAUDERDALE FL 33311 US	Mailing Address 835 NW 7TH TERRACE FT LAUDERDALE FL 33311 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5151 NE 12th Ave Suite, Apt. #, etc.	3. Mailing Address 5151 NE 12th Ave Suite, Apt. #, etc.
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City & State Dakland Park FL	City & State Oakland Park FL	4. FEI Number 65-0156210	Applied For Not Applicable
Zip 33334	Country Broward	Zip 33334	Country Broward

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**DEROSA, JAMES**  
**4280 GALT OCEAN DRIVE**  
**SUITE 9C**  
**FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent  
 Name **James DeRosa**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5151 NE 12th Ave**  
 City **Fort Lauderdale** FL Zip Code **33334**

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 *James DeRosa* DATE **4-1-2002**  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>S</b> <b>DEROSA, ROBERT JAMES JR.</b> <b>4280 GALT OCEAN DR #24C</b> <b>FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DEROSA, JAMES</b> <b>4280 GALT OCEAN DR #24C</b> <b>FT. LAUDERDALE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HAMPTON BATTEN, JOAN</b> <b>501 NE 43RD ST</b> <b>POMPANO BEACH FL 33064</b> <input checked="" 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	<input 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: *James DeRosa* James DeRosa DATE: **4-1-2002** (954) 351-5535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)