

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90054 046 ***150.00

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1. Entity Name
ROSE BLUE CORPORATION



Principal Place of Business
**4565 NAUTILUS DRIVE
MIAMI BEACH FL 33140**

Mailing Address
**4565 NAUTILUS DRIVE
MIAMI BEACH FL 33140**



2. Principal Place of Business
2985 NR 163RD ST

3. Mailing Address
2985 NR 163RD ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
N.M. BEACH

City & State
N.M. BEACH

4. FEI Number **65-1037741**

Applied For
☐ Not Applicable

Zip **33160** Country **USA**

Zip **33160** 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

**GONZALEZ, JUAN
4565 NAUTILUS DRIVE
MIAMI BEACH FL 33140**

Name **JUAN GONZALEZ**

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

2985 NR 163RD ST

City **N.M. BEACH**

FL

Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **D GONZALEZ, JUAN** ☐ Delete
STREET ADDRESS **4565 NAUTILUS DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE
NAME **2985 NR 163RD ST** ☒ Change ☐ Addition
STREET ADDRESS **N.M. BEACH FL 33160**
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/7/03** Daytime Phone #

CR2E034 (4/03)