

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90971 037 \*\*\*150.00

**DOCUMENT # P01000022320**

1. Entity Name  
**ROSY'S CLEANING SERVICE, INC.**



Principal Place of Business  
**3313 MALLARD CLOSE  
POMPANO BEACH FL 33064**

Mailing Address  
**3313 MALLARD CLOSE  
POMPANO BEACH FL 33064**

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 **65-1073546**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRASILEIRO, DESPACHANTE  
3361 N FEDERAL HWY  
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **ROSIMEYRE FAIOTTO**

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

**3313 Mallard Close**

City **Pompano Beach FL** Zip Code **33064**

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 *Rosimeyre Faiotto*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/06/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

TITLE **PST**  
NAME **FAIOTTO, ROSIMEYRE**  
STREET ADDRESS **3313 MALLARD CLOSE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

☐ Delete

TITLE **VPD**  
NAME **FAIOTTO, ROSIMEYRE**  
STREET ADDRESS **3313 MALLARD CLOSE**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Rosimeyre Faiotto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/06/03**  
Date

Daytime Phone #

CR2E034 (10/02)