

2002-UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-07-2002 90215 039 ***150.00

CR2E034 AV

DOCUMENT # P01000041480

1. Entity Name
ROSMAR AVIATION, INC.

Principal Place of Business 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES FL 33134	Mailing Address 901 PONCE DE LEON BLVD SUITE 601 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3121 S.W. 82nd Ct.	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State	FEE Number 05-1103717	Applied For Not Applicable
Zip 33155	Country MIAMI-DADE	Zip	Country

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

6. Name and Address of Current Registered Agent
SEGREGO, FRANK J ESG
901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **FRANK J. SEGREGO**
 Street Address (P.O. Box Number is Not Acceptable)
9350 SOUTH DIXIE HIGHWAY
#1500
 City **MIAMI** FL Zip Code **33156**

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 releasing) 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERUMIDES, C. MARCELO 3121 SW 89 CT MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. BERUMIDES, C. MARCELO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3121 S.W. 82nd Court MIAMI, FLORIDA 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: **SIGNATURE REQUIRED** (305) 221-0983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)