

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

05-30-2003 90085 034 \*\*\*150.00

**DOCUMENT # P01000065692**

**1. Entity Name**  
**JAROSZ, ROSELLO, BALBOA: ARCHITECTURE & DESIGN, INC.**



**Principal Place of Business**  
**3326 MARY ST. 5TH FLOOR**  
**COCONUT GROVE FL 33133**

**Mailing Address**  
**3326 MARY ST. 5TH FLOOR**  
**COCONUT GROVE FL 33133**

**2. Principal Place of Business**

**13370 SW 131<sup>st</sup> Street**

**3. Mailing Address**

**13370 SW 131<sup>st</sup> Street**

**Suite, Apt. #, etc.**

**Suite 104**

**Suite, Apt. #, etc.**

**Suite 104**

**City & State**

**Miami, Florida**

**City & State**

**Miami, Florida**

**Zip**

**33186**

**Country**

**Dade County**

**Zip**

**33186**

**Country**

**Dade County**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**65-1117594**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**JAROSZ, ROSELLO, BALBOA**  
**ARCHITECTURE & DESIGN, INC.**  
**COCONUT GROVE FL 33133**

**7. Name and Address of New Registered Agent**

**Name**

**JORGE A. BALBOA**

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

**825 LUDLAM DRIVE**

**City**

**MIAMI SPRINGS**

**FL**

**Zip Code**

**33166**

**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]*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**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** PD **NAME** JAROSZ, ZBIGNIEW W **STREET ADDRESS** 3326 MARY ST, 5TH FLOOR **CITY-ST-ZIP** COCONUT GROVE FL 33133 ☒ Delete

**TITLE** VSD **NAME** BALBOA, JORGE A **STREET ADDRESS** 3326 MARY ST, 5TH FLOOR **CITY-ST-ZIP** COCONUT GROVE FL 33133 ☐ Delete

**TITLE** TD **NAME** ROSELLO, GEORGE J **STREET ADDRESS** 3326 MARY ST, 5TH FLOOR **CITY-ST-ZIP** COCONUT GROVE FL 33133 ☐ Delete

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PR **NAME** Balboa, Jorge **STREET ADDRESS** 13370 SW 131 Street, Suite 104 **CITY-ST-ZIP** Miami, FL 33186 ☒ Change ☐ Addition

**TITLE** TD **NAME** Rosello, George J. **STREET ADDRESS** 13370 SW 131 Street Suite 104 **CITY-ST-ZIP** Miami, FL 33186 ☒ Change ☐ Addition

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

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

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

**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**12-10-2003**

CR2E034 (10/02)