

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90339 023 \*\*\*150.00

**DOCUMENT # P01000082878**

**1. Entity Name**  
**ROVONNE ENTERPRISES, INC.**

**Principal Place of Business**

**2582 W SARATOGA DRIVE**  
**COOPER CITY FL 33026**

**Mailing Address**

**2582 W SARATOGA DRIVE**  
**COOPER CITY FL 33026**

**2. Principal Place of Business**

**2582 W. SARATOGA DR**  
**Suite, Apt. #, etc.**

**3. Mailing Address**

**2701 N. HIATUS RD.**  
**Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

**City & State**

**COOPER CITY FL**

**City & State**

**COOPER CITY FL**

**4. FEI Number**

**03-1131525**

**Applied For**

**Not Applicable**

**Zip**

**33026**

**County**

**BROWARD**

**Zip**

**33026**

**County**

**BROWARD**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**CONIGLIO, JOHN A**  
**4801 SOUTH UNIVERSITY DRIVE SUITE 3000**  
**DAVE FL 33328**

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

**Name YVONNE EVANS**  
**Street Address (P.O. Box Number is Not Acceptable) 2582 W SARATOGA DR**  
**City Cooper City FL Zip 33026**

**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 YVONNE EVANS Y.P. Yvonne Evans 4-6-02**  
Signature, typed or printed name of registered agent and title if applicable. (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 D** ☐ Delete  
**NAME FRAZIER, RONALD E**  
**STREET ADDRESS 2125 BISCAYNE BLVD**  
**CITY-ST-ZIP MIAMI FL 33137**

**TITLE D** ☐ Delete  
**NAME EVANS, YVONNE H**  
**STREET ADDRESS 2582 W SARATOGA DRIVE**  
**CITY-ST-ZIP COOPER CITY FL 33026**

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

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

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**NAME**  
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**CITY-ST-ZIP**

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

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

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

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

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

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

**Date 4/6/02 Daytime Phone # 954 434-1720**

CR2E034 (9/01)