

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089189

1. Entity Name

ROSSELL & ASSOCIATES, INC.

FILED

02 APR 25 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

Mailing Address

218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

2. Principal Place of Business

1221 Brickell Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9th Floor

City & State

Miami, Florida

City & State

Zip

Country

33131

USA

Zip

Country

4. FEI Number

65-113-6198

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SISSON, LARRY

218 SOUTHERN COUNTRY LN.

QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME ROSSELL, GUILLERMO
STREET ADDRESS 641 5TH AVE. 29G
CITY-ST-ZIP NEW YORK NY 10022

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

100005432311--7

-05/03/02--01014--013

****163.75 ****163.75

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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

Guillermo Rossett

April 23, 2002

Tel: 305-995-8290