

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91898 041 ***150.00

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1. Entity Name

FREEDOM PLAZA AT WESLEY CHAPEL, INC.



Principal Place of Business

~~POST OFFICE BOX 7436~~

~~WESLEY CHAPEL FL 33543-7436~~

Mailing Address

POST OFFICE BOX 7436

WESLEY CHAPEL FL 33543-7436

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSADO, SOPHIA

~~6946 ASHFIELD PLACE~~

~~WESLEY CHAPEL FL 33544~~

Name

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

City

State

Zip

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
ROXANN L. ORTIZ
8943 MCKENDREE RD.
WESLEY CHAPEL FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY/TREASURER
EDMUNDO ORTIZ
8943 MCKENDREE RD
WESLEY CHAPEL FL 33544

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
SOPHIA ROSADO
34852 FAIRVIEW HEIGHTS RD.
ZEPHYRHILLS FL 33541-7745

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO
JOSE ROSADO
34852 FAIRVIEW HEIGHTS RD
ZEPHYRHILLS FL 33541-7745

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 #

CR2E034 (10/02)