

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90104 044 ***150.00

0061947 AV

DOCUMENT # P02000068738

1. Entity Name

ROSABELLA, INC.



Principal Place of Business
**10550 SW 69TH AVENUE
MIAMI FL 33156**

Mailing Address
**10550 SW 69TH AVENUE
MIAMI FL 33156**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name **DEBBIE GRAULICH**

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

10550 SW 69TH AVENUE

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GRAULICH, DEBBIE
10550 SW 69TH AVENUE
MIAMI FL 33156** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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 OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03 305.215.2869
Date Daytime Phone #

CR2E034 (4/03)

Attachment#
90156357
PG2000068738
ROSABELLA, INC.
10550 SW 69TH AVENUE
MIAMI, FL. 33156

September 8, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL. 32302-1500

To whom it may concern,

In receiving the Uniform Business Report that is due on September 10, 2003, this is the first such report that I received. Therefore I request that the late fee be waived in this instance since I did not receive the prior notice. Even though nothing has occurred with my business, I plan on doing so shortly. Thank you for your consideration in this matter.

Sincerely,



Debbie Graulich
Owner, Rosabella, Inc.
