

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90181 007 ***150.00

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DOCUMENT # P02000083463

1. Entity Name
ROSARY FENTY, INC.



Principal Place of Business
**2161 SOUTHEAST BISBEE STREET
PORT SAINT LUCIE FL 34952**

Mailing Address
**2161 SOUTHEAST BISBEE STREET
PORT SAINT LUCIE FL 34952**



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

75-3072995

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

ROSARY FENTY

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

2161 SE BISBEE ST.

City

PORT ST LUCIE

FL

Zip Code

34952

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

Rosary Fenty

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

TITLE **DPST** ☐ Delete
NAME **FENTY, ROSARY**
STREET ADDRESS **2161 SOUTHEAST BISBEE STREET**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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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:

Rosary Fenty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03
Date

772
708-3074
Daytime Phone #

CR2E034 (10/02)