

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90137 013 ***150.00

DOCUMENT # P92000010916

1. Entity Name

EXECUTIVE OFFICES OF ROSA & ASSOCIATES, INC.

Principal Place of Business

1891 SW 81 AVE

#202

N. LAUDERDALE FL 33068

Mailing Address

1891 SW 81 AVE

#202

N. LAUDERDALE FL 33068

2. Principal Place of Business

7310 W. McNAB

Suite, Apt. #, etc.

#209

City & State

TAMARAC, FL

Zip

33321

Country

U.S.

3. Mailing Address

7310 W. McNAB Rd

Suite, Apt. #, etc.

#209

City & State

TAMARAC, FL

Zip

33321

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0941675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSA, MICHELLE

1891 SW 81 AVE

#202

N. LAUDERDALE FL 33068

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 title 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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GONZALEZ, ESTHER**
STREET ADDRESS **1891 SW 81ST AVE- #202**
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **SD** ☐ Delete
NAME **ROSA-GONZALEZ, MICHELLE**
STREET ADDRESS **1891 SW 81ST AVE- #202**
CITY-ST-ZIP **N. LAUDERDALE FL 33068**

TITLE **VP** ☐ Delete
NAME **SANTIAGO, JENNETH**
STREET ADDRESS **2060 2ND AVE #1B**
CITY-ST-ZIP **NEW YORK NY 10029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **TREASURER**
JENNIE ROSA
334 E. Riverbend Dr.
SUNRISE, FL 33326

TITLE ☐ Change ☒ Addition
NAME **VP**
Robert Pasquucci
334 E. Riverbend Dr.
SUNRISE, FL 33326

TITLE ☐ Change ☒ Addition
NAME **VP**
MARGARET ROSA
1777 Grand Concourse APT 10N
BROOKLYN, NY 10453

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)