

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000016235**

1. Entity Name

**RODOSO INC.****FILED****Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90038 035 \*\*\*150.00

Principal Place of Business

**17160 GRAND BAY DRIVE**  
**BOCA RATON FL 33496**

Mailing Address

**17160 GRAND BAY DRIVE**  
**BOCA RATON FL 33496-2913**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0406433**

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****SOLOMAN, DORIS**  
**17160 GRAND BAY DRIVE**  
**BOCA RATON FL 33496**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	SOLOMON, DORIS	
STREET ADDRESS	17160 GRAND BAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WEISS, KAREN	
STREET ADDRESS	10 ORCHARD DRIVE	
CITY-ST-ZIP	WOODBURY NY 11797	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LONG, STEPHEN P	
STREET ADDRESS	110 EAST 59TH STREET, #2900	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	T	<input type="checkbox"/> Delete
NAME	SOLOMON, ROBERT	
STREET ADDRESS	17160 GRAND BAY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1450 BROADWAY, SUITE 1400	
CITY-ST-ZIP	NEW YORK, NY 10018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**STEPHEN P. LONG, SECRETARY**

Date

Daytime Phone #

**1/11/00****212-575-7900**

CR2E034 (9/99)