

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000009657

1. Entity Name

ROSELLI COMMERCIAL PROPERTY INVESTMENTS, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90195 038 ***150.00

Principal Place of Business

Mailing Address

1628 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305

1628 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305-2529

C0004513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0467551

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROSELLI, H. JOSEPH
1628 N. FEDERAL HWY.
FT. LAUDERDALE FL 33305

Name Nancy Roselli-Summa
Street Address (P.O. Box Number is Not Acceptable) 1628 N. Federal Hwy Ste. 206
FT. Lauderdale FL
City FL Zip Code 33305

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

Nancy Roselli-Summa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/00

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	<u>D</u> <input checked="" type="checkbox"/> Delete
NAME	<u>ROSELLI, H. JOSEPH</u>
STREET ADDRESS	<u>1628 N. FEDERAL HWY.</u>
CITY-ST-ZIP	<u>FT. LAUDERDALE FL 33305</u>
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"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<u>Nancy Roselli-Summa</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1628 N. Federal Highway Ste. 206</u>
STREET ADDRESS	<u>FT. Lauderdale, FL 33305</u>
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 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:

Nancy Roselli-Summa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 954-565-0988

Date Daytime Phone #

CR2E034 (9/99)