2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P94000088186** 1. Entity Name **ROSE MARY JESELSON SERVICES INC.** 03-15-2000 90137 026 ***150.00 Mailing Address Principal Place of Business 12737 SW 151 LANE 12737 SW 151 LANE MIAMI FL 33186-6341 MIAMI FL 33186 044040 4881 W. Phoenix Dr 4881 W. Phoenix Dr Beverly Hills, FL 34465 Beverly Hills, FL 34465 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0542028 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Walter Jeselson Street Address (P.O. Box Number is Not Acceptable) 4881 W. Phoenix Dr Beverly Hills, FL 34465 Zip Code 8. The above named entity pomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE JESELSON. ROSE M 4881 W. Phoenix Ur NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Beverly Hills, FL 34465. CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SUMMATURE AND TYPED OR PRINTED NATURE OF SUSTING OFFICER OR DIRECTOR

2-26-00

305 235-7718

Daytime Phone #