

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
 03-21-2000 90017 031 \*\*\*150.00

**DOCUMENT # P96000002017**

1. Entity Name

**ROVIROSA & ASSOCIATES, INC.**

Principal Place of Business

**8500 WEST FLAGLER STREET #B-207  
 MIAMI FL 33144**

Mailing Address

**8500 WEST FLAGLER STREET #B-207  
 MIAMI FL 33144-2054**

2. Principal Place of Business

**16480 So. Post Rd.**

3. Mailing Address

**ROVIROSA & ASSOCIATES, INC.**

Suite, Apt. #, etc.

**SUITE # 103**

Suite, Apt. #, etc.

**P.O. Box 267516**

City & State

**WESTON, FL 33331**

City & State

**WESTON, FLORIDA**

4. FEI Number

**65-0630320**

Applied For

Not Applicable

Zip

**33331**

Country

**BROWARD**

Zip

**33326**

Country

**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ROVIROSA, MARIO R  
 8500 WEST FLAGLER STREET #B-207  
 MIAMI FL 33144**

7. Name and Address of New Registered Agent

Name **ROVIROSA, MARIO R.**

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

**16480 So. Post Rd.**

**SUITE # 103**

City

**WESTON**

**FL**

Zip Code

**33331**

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.

**MARIO R. ROVIROSA, PRESIDENT / REGISTR. AGENT**

**3-16-2000**

(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

TITLE **D**  
 NAME **ROVIROSA, MARIO R**  
 STREET ADDRESS **8500 WEST FLAGLER STREET #B-207**  
 CITY-ST-ZIP **MIAMI FL 33144**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/D** ☒ Change ☐ Addition  
 NAME **ROVIROSA, MARIO R.**  
 STREET ADDRESS **16480 So. Post Rd. #103, Weston, FL**  
 CITY-ST-ZIP **33331**

TITLE **VP/T** ☐ Change ☒ Addition  
 NAME **ROVIROSA, ISABEL CRISTINA**  
 STREET ADDRESS **16480 So. Post Rd. #103, Weston, FL**  
 CITY-ST-ZIP **33331**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

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TITLE  
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☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change

☐ Addition

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

**MARIO R. ROVIROSA**

**3-16-2000**

Date

Daytime Phone #

**(954)  
 868-0615**

CR2E034 (9/99)