

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003592

1. Entity Name

ROSSELET & MORALES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90065 031 ***158.75

Principal Place of Business

Mailing Address

742 10 STREET STE 109
MIAMI BEACH FL 33139

742 10 STREET STE 109
MIAMI BEACH FL 33139-8411

00025820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

742 10 ST. STE 209

742 10 ST. STE #209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

209

209

City & State

MIAMI BEACH FL

City & State

MIAMI FL

Zip

Country

Zip

Country

33139

USA

33139

USA

4. FEI Number

65-0835613

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

JAY, SCOTT R
420 LINCOLN ROAD STE 327
MIAMI BEACH FL 33139

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

PRESIDENT

02-19-2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PM	ROSSELET, PIERRE A	TRITTLIGASSE 30	ZURICH SW 8001	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VS	MORALES, PIETRO R	742 10 STE 109	MIAMI BEACH FL 33139	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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 207, Florida Statutes.