

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91126 001 ***150.00

DOCUMENT # P96000037757

1. Entity Name

A & V ROSSI, INC.

Principal Place of Business

4248 WESTROADS DR.
#2
WEST PALM BEACH FL 33407
US

Mailing Address

10288 HUNT CLUB LN
PBG FL 33418
US

2. Principal Place of Business

3. Mailing Address

202 Anhinga Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jupiter, FL

Zip

Country

Zip

Country

33458

US

4. FEI Number

65-0668740

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

ROSSI, ANTONIO
10288 HUNT CLUB LN
PBG FL 33418

202 Anhinga Lane
Jupiter, FL 33458

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	ROSSI, ANTONIO M	
STREET ADDRESS	6687 42 TERR, UNIT C	
CITY-ST-ZIP	RIVIERA BCH FL 33407	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ROSSI, VICTORIA STELLA	
STREET ADDRESS	6687 42ND TERRN UNIT C	
CITY-ST-ZIP	RIVIERA BCH FL 33407	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Antonio M. Rossi

Antonio M Rossi

4-23-01

(561)-882-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)