2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070210

1. Entity Name

RO-SA-MAR INCORPORATED

FILED
Jul 20, 2000 8:00 am
Secretary of State
07-20-2000 90012 016 ****97.50
06-08-2000 90022 002 ****61.25

[redacted]

Principal Place of Business	Mailing Address
7175 NW 27 AVE MIAMI - FL. 33147	7175 NW 27 AVE MIAMI - FL. 33147

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0707884 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORIS NOWODWORSKY
305 LAKEVIEW DR #101
WESTON - FL. 33326

7. Name and Address of New Registered Agent

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT DORIS NOWODWORSKY 305 LAKE VIEW. DR #101 WESTON - FL. 33326	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DORIS NOWODWORSKY 4-30-00 305-6932414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
OHP96000070210
DL072915

3056932414

Request taken by: anorman
04-26-2000

The forms you recently requested from this office are:

(1) 200. COR Non Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

REF # P96000070210

RO-SA-MAR, INC

THE FORM YOU SENT ME, WAS THE WRONG FORM. CONSEQUENTLY I SENT THE WRONG AMOUNT, PLEASE FIND THE DIFFERENCE ENCLOSED PLUS $ 8.75 FOR A CERTIFICATE OF STATUS.

MANY THANKS,

CK # 1997 - (4-30-2000) $ 61.25
CK # 5035 - (7-10-2000) 97.50
$ 158.75

DORIS NOWOSWORSKY

JULY 10, 2000 -