

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90298 016 ***158.75

DOCUMENT # P96000073592

1. Entity Name

ROSARIO FINANCE, INC.

Principal Place of Business

**9417 NW 54 DORAL CIRCLE LANE
 MIAMI FL 33178
 US**

Mailing Address

**9417 NW 54 DORAL CIRCLE LANE
 MIAMI FL 33178
 US**

2. Principal Place of Business

9571 N.W. 45 St.

3. Mailing Address

9571 N.W. 45 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number **65-0742918**

Applied For

Not Applicable

Zip
33178

Country
USA

Zip
33178

Country
USA

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

**ARAZOZA, COMAS, DE TORRES AND FERNANDEZ-FR
 101 MADEIRA AVENUE
 CORAL GABLES FL 33134**

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 **P** ☐ Delete
 NAME **FERNANDEZ, VICTOR**
 STREET ADDRESS **9417 NW 54 DORAL CIRCLE LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
 NAME **9571 N.W. 45 St.**
 STREET ADDRESS **Miami, FL 33178**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **VP** ☐ Delete
 NAME **FERNANDEZ, ESPERANZA**
 STREET ADDRESS **9417 NW 54 DORAL CIRCLE LANE**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☒ Change ☐ Addition
 NAME **9571 N.W. 45 St.**
 STREET ADDRESS **Miami, FL 33178**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **S** ☐ Delete
 NAME **DE LA MATA, ELENA**
 STREET ADDRESS **11935 SW 78 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victor Fernandez, Pres., 4/25/01 305-463-8016

Date

Daytime Phone #

CR2E034 (10/00)