

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 02, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000017225**1. Entity Name  
LA VIANNROSE, INC.**Principal Place of Business**

1923 W KENTUCKY AVE

TAMPA

33607

FL

US

**Mailing Address**

1923 W KENTUCKY AVE

TAMPA

33607

FL

US

**2. Principal Place of Business**

10123 WOODSONG WAY

**3. Mailing Address**

10123 WOODSONG WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

TAMPA

FL

**City & State**

TAMPA

FL

Zip

33618

Country

US

Zip

33618

Country

US

**4. FEI Number**

59-3472536

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**GUZMAN ROBERT R  
1923 W KENTUCKY AVE

TAMPA

33607

FL

US

**7. Name and Address of New Registered Agent****Name**

GUZMAN ROBERT R

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

10123 WOODSONG WAY

**City**

TAMPA

FL

**Zip Code**

33618

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)

09/02/2001

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**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete
NAME	GUZMAN ROBERT R	
STREET ADDRESS	1923 W KENTUCKY AVE	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUZMAN VIANN R	
STREET ADDRESS	10123 WOODSONG WAY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN ROBERT R	
STREET ADDRESS	10123 WOODSONG WAY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:** Robert R. Guzman

DP

09/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)