## **2000 UNIFORM BUSINESS REPORT (UBR)**

J. C. May Unit.

SIGNATURE AND TYPED OR PRINTED NAME O

SIGNATURE:

## FILED DOCUMENT # **P97000026954** May 05, 2000 8:00 am 1. Entity Name ROSELL ENTERPRISES, INC. Secretary of State 05-05-2000 90027 044 \*\*\*150.00 Mailing Address Principal Place of Business 14204 SW 75TH TERRACE 14204 SW 75TH TERRACE MIAMI FL 33152-2607 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0739381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSELL, JESUS JR. Box Number is Not Acceptable) 14204 SW 75TH TERRACE **MIAMI FL 33183** 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS TITLE (Change ☐ Addition D ☐ Delete TITLE NAME ROSELL, JESUS JR. NAME STREET ADDRESS STREET ADDRESS 14204 SW 75TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Addition TITI F ☐ Delete TITLE ROSELL, S NAME STREET ADDRESS STREET ADDRESS 14204 SW 75TH TERR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 effort 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 emp