2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000088653**

LINEAROSSA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3931 SW 47TH AVENUE

SUITE 106 DAVIE FL 33314 3931 SW 47TH AVENUE SUITE 106

DAVIE FL 33314-2831

FILED

May 20, 2000 8:00 am Secretary of State

05-20-2000 90001 001 ***150.00

2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc City & State		_	DO NOT WRITE IN THIS SPACE				
				4. FEI NO	4. FEI Number 95-450227			plied For t Applicable	
Zip	Country	Zip	Country	5. Certifi	cate of Status Desired	\$8.75 Add Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name	and Address of New F	Registered Ac	jent		1
HAAS, OLAF 3931 SW 47 AVE, SUITE 106 DAVIE FL 33314		Street Addr	ress (P.O. Box Nu	ımber is Not Acceptable	é)				
DAVIE I C 00014			City	City			FL Zip Code		
SIGNATURE . 9. This corporate fax filing r	named entity submits this statement for signature, typed or printed name of registered agent a coration is eligible to satisfy its Intangible equirement and elects to do so.	rnd title if applicable (NOT) FILE NOW After MAY 1, 20	E: Registered Agent signature r	equired when reinstatin		DATE		O May Be to Fees	
			ble to Department o		ONS/CHANGES TO OFF	ICEBS AND I	DIRECTORS	2 INI 11	ļ
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	PSD HAAS, OLAF 3931 S.W. 47 AVE / STE 106 FT. LAUDERDALE FL 33314	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIO	INS/CHANGES TO OFF		☐ Change	Addition .	32E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTMANN, BERND MEIERSFELDER STR 43 DETNOLD GY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			•	☐ Change	Addition	ן ני
TITLE TABLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	^Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
									1

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 arress, with all other like empowered.

SIGNATURE:

04-28-00

954-327-9178