

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 898000033306

1. Entity Name

Black Rose Inc.

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**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90008 020 \*\*\*150.00

Principal Place of Business

Mailing Address

782 NW 42 Ave Ste. 447  
Miami, FL 33126

782 NW 42 Ave Ste. 447  
Miami, FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-202979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIDLOSCA, RANDALL L.  
1101 BUCKELL AVE. STE. 400  
MIAMI, FL 33131

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
DE LA ROSA JULIA 6333 SUNSET DRIVE MIAMI, FL 33143	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
782 NW 42 AVE, STE. 447 MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

*Jose R. Gomez C.P.A., P.A.*  
CERTIFIED PUBLIC ACCOUNTANT  
782 N.W. LE JEUNE ROAD • SUITE 447 • MIAMI, FL 33126  
TEL.: 305-447-0400 • FAX: 305-447-9101

*Attachment  
DT# 0980003306  
DW 7/5/80*

July 18, 2000

Florida Department of State  
Division of Corporations  
Uniform Business Reports  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: BLACK ROSE INC.**

Dear Sirs:

Following the instructions of the staff member from the Division of Corporations, we are hereby enclosing a duly executed 2000 Uniform Business Report for the above referenced corporation together with a check in the amount of \$150.00 covering the fees.

Kindly note that the original form issued by the Division of Corporations was never received by our clients, by our office, nor by the registered agent.

Thank you for your prompt attention to this matter. If you have any questions, please contact us.

*J. R. Gomez CPA*

JOSE R. GOMEZ, CPA  
Enclosures

*Member of:*  
*Florida Institute of Certified Public Accountants*