

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**  
 04-17-2001 90121 001 \*\*\*150.00

0438331

**DOCUMENT # P98000044365**

1. Entity Name  
**ROSELLO AMERICA, INC.**

Principal Place of Business  
**686 JENSEN BEACH BLVD.**  
**JENSEN BEACH FL 34957**

Mailing Address  
**686 JENSEN BEACH BLVD.**  
**JENSEN BEACH FL 34957**

2. Principal Place of Business  
**34 E FIFTH STREET**  
 Suite, Apt. #, etc.  
**SUITE 2**  
 City & State  
**STUART, FLORIDA**  
 Zip  
**34994** Country  
**USA**

3. Mailing Address  
**34 E FIFTH STREET**  
 Suite, Apt. #, etc.  
**SUITE 2**  
 City & State  
**STUART, FLORIDA**  
 Zip  
**34994** Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0837311** Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.**  
**941 4TH ST #200**  
**MIAMI FL 33139**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CPD**  
**ROSELLO, FLOREAL**  
**686 NE JENSEN BEACH BLVD.**  
**JENSEN BEACH FL 34957** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**CANNEYT, SOPHIE**  
**3405 SW SUNSET TRACE CIRCLE**  
**PALM CITY FL 34990** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CPD**  
**ROSELLO FLOREAL**  
**34 E FIFTH ST - SUITE 2**  
**STUART, FLORIDA 34994** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**ST**  
**CANNEYT SOPHIE**  
**3519 SW SUNSET TRACE CIRCLE**  
**PALM CITY, FLORIDA 34990** ☒ Change ☐ Addition

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

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

TITLE  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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: SOPHIE CANNEYT-GERTSMANN 4/12/01 561 221 0067  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)