

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90059 009 ***150.00

DOCUMENT # P98000055481

1. Entity Name
ROSA ISABEL BARGE, P.A.

Principal Place of Business Mailing Address
13814 OSPREY NEST LANE, UNIT 38 **13814 OSPREY NEST LANE, UNIT 38**
ORLANDO FL 32837 **ORLANDO FL 32837**

2. Principal Place of Business 3. Mailing Address
9821 Palma Vista Way **9821 Palma Vista Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Boca Raton, FL **Boca Raton, FL** **59-3519432** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33428 **USA** **33428** **USA** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BARGE, ROSA I Name **BARGE, ROSA I**
13814 OSPREY NEST LANE, UNIT 38 Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32837 **9821 Palma Vista Way**
 City **Boca Raton** FL Zip Code **33428**

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 Rosa I. Barge Rosa I. Barge 4-24-01
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGE, ROSA I	NAME	
STREET ADDRESS	13814 OSPREY NEST LANE, #38	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32837	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Rosa I. Barge Rosa I. Barge 4-24-01 561-558-9621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)