2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P98000062085** ROSINMART INTERNATIONAL, INC. 04-17-2000 90106 025 ***150.00 Mailing Address Principal Place of Business 835 TURTLE MOUND DRIVE 835 TUBILE MOUND DRIVE CASSELBERRY FL 32707-2654 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address 229 Nondina 229 Nanding Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3521736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Rosinski ROSINSKI, JOHN F Street Address (P.O. Box Number is Not Acceptable) 835 TURTLE_MOUND DRIVE CASSELBERRY FL 32707 Zip Code FL <u> 32708</u> 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD ☐ Delete TITLE TITLE ROSINSKI, JOHN F NAME NAME 229 Nandena Terr STREET ADDRESS STREET ADDRESS 835 TURTLE MOUND DRIVE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete TITLE NAME MARTINEZ, LUIS A NAME STREET ADDRESS STREET ADDRESS 835 TURTLE MOUND DRIVE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee emisowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: