

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 98000084474

1. Entity Name

**ROSA Adult CARE, INC.**

FILED

00 APR 10 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

3332 S.W. 91st Avenue  
Miami, Florida 33165

Mailing Address

3332 S.W. 91st Avenue  
Miami, Florida 33165

2. Principal Place of Business

43 N.W. 136 Pl

3. Mailing Address

43 N.W. 136 Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33182

Country

US

Zip

33182

Country

US

**REINSTATEMENT 99-00**

DO NOT WRITE IN THIS SPACE  
03/01/99 90133020 \$150.00

4. FEI Number

65-0975083

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Mayra Tondon  
4390 N.W. 136 Pl  
Miami FL 33182

7. Name and Address of New Registered Agent

Name: Mayra Rosa Rondon  
Street Address (P.O. Box Number is Not Acceptable):  
43 N.W. 136th Pl.  
Miami, Florida 33182  
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: Mayra R. Rondon Mayra R. Rondon Owner 2/17/00  
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

| TITLE NAME                   | STREET ADDRESS    | CITY-ST-ZIP          | Delete                              |
|------------------------------|-------------------|----------------------|-------------------------------------|
| President<br>Mayra R. Tondon | 4390 N.W. 136 Pl. | Miami, Florida 33182 | <input checked="" type="checkbox"/> |
|                              |                   |                      | <input type="checkbox"/>            |
|                              |                   |                      | <input type="checkbox"/>            |
|                              |                   |                      | <input type="checkbox"/>            |
|                              |                   |                      | <input type="checkbox"/>            |
|                              |                   |                      | <input type="checkbox"/>            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE NAME                     | STREET ADDRESS | CITY-ST-ZIP    | Change                   | Addition                            |
|--------------------------------|----------------|----------------|--------------------------|-------------------------------------|
| President<br>Mayra Rosa Rondon | 43 N.W. 136 Pl | Miami FL 33182 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                |                |                | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                |                |                | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                |                |                | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                |                |                | <input type="checkbox"/> | <input type="checkbox"/>            |
|                                |                |                | <input type="checkbox"/> | <input type="checkbox"/>            |

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: Mayra R. Rondon Mayra R. Rondon 2/17/00 (305) 207 3539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)