

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90018 002 ***550.00

DOCUMENT # P99000013132

1. Entity Name
 ROSELLA SALAS, INC.

Principal Place of Business
 177 OCEAN LANE DRIVE
 #806
 KEY BISCAYNE FL 33149

Mailing Address
 177 OCEAN LANE DRIVE
 #806
 KEY BISCAYNE FL 33149

2. Principal Place of Business
 337 Gulf Rd
 Suite, Apt. #, etc.

3. Mailing Address
 337 GULF RD.
 Suite, Apt. #, etc.

City & State
 Key Biscayne, FL

City & State
 KEY BISCAYNE, FL

4. FEI Number
 05-0967181

Applied For
 Not Applicable

Zip
 33149

Country
 USA

Zip
 33149

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALAS, ROSELLA
 177 OCEAN LANE DRIVE
 #806
 KEY BISCAYNE FL 33149

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAS, ROSELLA	NAME	SALAS, ROSELLA
STREET ADDRESS	177 OCEAN LANE DRIVE	STREET ADDRESS	337 Gulf Rd
CITY-ST-ZIP	KEY BISCAYNE FL 33149	CITY-ST-ZIP	Key Biscayne, FL. 33149
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: *Rosella Salas* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7-26-00 Daytime Phone #: 305 361-5722

CR2E034 (5/00)



DO NOT WRITE IN THIS SPACE