

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000015149**

1. Entity Name

CODAROSA, INC.

Principal Place of Business

**6947 SW 115TH PLACE, UNIT E
MIAMI FL 33173**

Mailing Address

**6947 SW 115TH PLACE, UNIT E
MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-123-9971

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, JOHANNE**6947 SW 115TH PLACE, UNIT E
MIAMI FL 33173**

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

Signature, typed or printed name of registered agent and state 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 \$550.00
After September 12, 2001 Fee 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

TITLE **D** ☐ Delete
NAME **BAKER, JOHANNE**
STREET ADDRESS **6947 SW 115TH PLACE, UNIT E**
CITY-ST-ZIP **MIAMI FL 33173**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/11/01

Date

3057269126

Daytime Phone #

CF2E034 (5/01)

CODAROSA, INC.

6947 S.W. 115 Place #E
Miami FL 33173
U.S.A.

Phone 305 668 9440
Fax 305 595 4318

October 17, 2001

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

Ref: P99000015149

Sir,

Following our phone conversation of this morning, I am sending you the corrected Corporation Report as well as a copy of the envelope which is postdated Sept. 19, 2001.

As I mentioned on the phone, I received on the 26th of Sept. and had to get the information (F.E.I.N.) from the accountant. And i was panicking since the 30 days were getting close.

Thank you for your understanding, we remain,

Sincerely,

P.S. The check for \$550 was sent with the original report.

Johann Baker