

2001 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-21-2001 90033 042 ***150.00

DOCUMENT #

LETTER # 601A00043268
 REG: # P99000017010

1. Entity Name **ROSCO INT'L**

Principal Place of Business

Mailing Address

**11310 NW 48 TERR.
 MIAMI, FL 331**

2. Principal Place of Business

3. Mailing Address

11310 NW 48 TERR.

11310 NW 48 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0896070

Applied For

Not Applicable

Zip

Country

33178, MIAMI-DADE

Zip

Country

33178 MIAMI-DADE

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

**EDUARDO F. ROSS
 11310 NW 48 TERR.
 MIAMI, FL 33178**

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

PRESIDENT

08/16/01

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 **PRESIDENT** ☐ Delete
 NAME **EDUARDO F. ROSS**
 STREET ADDRESS **11310 NW 48 TERR.**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **SECRETARY** ☐ Delete
 NAME **SILVIA E. ROSS**
 STREET ADDRESS **11310 NW 48 TERR.**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE **TREASURER** ☐ Delete
 NAME **ERIKA ROSS**
 STREET ADDRESS **11310 NW 48 TERR.**
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ 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:

08/16/01

08/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/00)