

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034282

1. Entity Name

JANICE SCINTO DIROSE, P.A.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90090 014 \*\*\*150.00

Principal Place of Business

Mailing Address

9965 NORTHWEST 6 COURT STE. 19  
 PLANTATION FL 33324

9965 NORTHWEST 6 COURT STE. 19  
 PLANTATION FL 33324-4916

2. Principal Place of Business

9965 NW 6 Court

3. Mailing Address

9965 NW 6 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0911506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DIROSE, JANICE S  
 9965 NORTHWEST 6 COURT STE. 19  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name: DiRose, Janice S  
 Street Address (P.O. Box Number is Not Acceptable): 9965 NW 6 Court  
 City: Plantation FL Zip Code: 33324

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 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: DPST  
 NAME: DIROSE, JANICE S  
 STREET ADDRESS: 9965 NORTHWEST 6 COURT STE. 19  
 CITY-ST-ZIP: PLANTATION FL 33324 ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DPST ☒ Change ☐ Addition  
 NAME: DiRose, Janice S  
 STREET ADDRESS: 9965 NW 6 Court  
 CITY-ST-ZIP: Plantation, FL 33324

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

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

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

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

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00  
 Date

954 325-1187 cell  
 954 452-0391  
 Daytime Phone #

CR2E034 (9/99)