

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061554

1. Entity Name,

ROSELL INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90146 039 ***158.75

Principal Place of Business

Mailing Address

1779 NORTH CONGRESS AVENUE, PMB #400
BOYNTON BEACH FL 33426-1678

1779 NORTH CONGRESS AVENUE, PMB #400
BOYNTON BEACH FL 33426-8205

2. Principal Place of Business

PMB 400

3. Mailing Address

1779 NORTH CONGRESS AVE.

1779 NORTH CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 400

PM B 400

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

Zip

33426

Country

USA

Zip

33426

Country

USA

4. FEI Number

05-0934652

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSELL, SHARON E
1779 NORTH CONGRESS AVENUE, PMB #400
BOYNTON BEACH FL 33426-1678

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSELL, SHARON E 7640 ARDWICK DRIVE LAKE WORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT OF ROSELL INC.
SHARON ROSELL 04/11/2000

Date

Daytime Phone

561-649-0770

CR20014 (1/9/93)