

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061554

1. Entity Name  
**ROSELL INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90096 008 \*\*\*150.00

Principal Place of Business Mailing Address  
1779 NORTH CONGRESS AVENUE, PMB #400 1779 NORTH CONGRESS AVENUE, PMB #400  
BOYNTON BEACH FL 33426-1678 BOYNTON BEACH FL 33426-1678

2. Principal Place of Business 3. Mailing Address  
**112 S. FEDERAL HWY.** **112 S. FEDERAL HWY.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE # 3** **SUITE #3**  
City & State City & State  
**BOYNTON BEACH** **BOYNTON BEACH**  
Zip Country  
**33435** **USA** **33435** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0934652** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**ROSELL, SHARON E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**112 S. FEDERAL HWY, SUITE 3**  
**BOYNTON BEACH FL** Zip Code  
**33435**

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	ROSELL, SHARON E	7640 ARDWICK DRIVE	LAKE WORTH FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

**PRESIDENT OF ROSELL INC.** **561-424-7777**  
**SHARON ROSELL** **4/10/2001**

CR2E034 (10/00)