

4/30/01

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May 18, 2001 8:00 am
Secretary of State

04-30-2001 90049 006 ***150.00

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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000072912**

1. Entity Name
**ROSARIO & CABRERA Immigration Attorneys
PROFESSIONAL CORP.**

*N/C filed
10/26/00
[initials]*

Principal Place of Business Mailing Address:
**853 E. Semoran blvd. City College, Suite 125
Casselberry, Fl 32707**



2. Principal Place of Business **853 E. Semoran Blvd.**

3. Mailing Address
Same

Suite, Apt. #, etc.
125

Suite, Apt. #, etc.

City & State
Casselberry, Fl

City & State

4. FEI Number
59-3593924

Applied For
 Not Applicable

Zip Country
32707 U.S.A.

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MICHAELANGELO ROSARIO
365 Forest Way Cir Apt. 307
Altamonte Springs, Fl 32701**

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: If principal place of business is foreign, signature required when returning)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back)

**FILE MONTHLY FEE IS: \$150.00
After MAY 1, 2001 Fee will be \$250.00
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	<input type="checkbox"/> Delete
PRESIDENT	Michaelangelo Rosario	365 Forest Way Cir Apt 307	Altamonte Spring, Fl 32701	<input type="checkbox"/>
Vice-President, Secretary	Pablo Cabrera.	906 Moonluster Dr	Casselberry, Fl 32707	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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"/>

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 or 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

05/11/01
DATE

TYPED OR PRINTED NAME