2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee em changed, or on an attachment with an addres

SIGNATURE:

May 19, 2002 8:00 am Secretary of State P99000095902 DOCUMENT # 1. Entity Name 05-19-2002 90206 043 ***150.00 ROSALES ENTERPRISES, INC. Mailing Address Principal Place of Business 7926 W SAMPLE RD 7926 W SAMPLE RD MARGATE FL 33065 MARGATE FL 33065 2. Principal Place of Business 3. Mailing Address Sample Rd. 7926 W- Sample Rd. 79 26 W. Suite, Apt. #, etc Suite, Apt. #, etc. DO, NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0958606 Morgate Maryate, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Broward. 7306S Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kosales ROSALES, JOSEPH 2427 HAYES ST HOLLYWOOD FL 33020 Zip Code て*了o2の* 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 4-26 0 Z SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE President ☐ Addition TITI F ROSALES, JOSEPH NAME NAME AL ROSAIES 2427 HAYES ST STREET ADDRESS STREET ADDRESS 2427 HAYES Hollywood, Fc. 33020 HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP vice president Change Change Addition ☐ Delete TITLE TITLE . Feliciano los Ales? ROSALES, AL NAME 1 NAME 2427 HAYES ST. STREET ADDRESS 2427 HAYES ST STREET ADDRESS Hollywood, FL. 33020 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED