

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P99000108622

1. Entity Name

ROSE CORSO INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-15-2000 90181 028 ***150.00

04-27-2000 90063 031 ***150.00

Principal Place of Business

3445 SE HART CIR.
PORT ST. LUCIE FL 34984

Mailing Address

3445 SE HART CIR.
PORT ST. LUCIE FL 34984

2. Principal Place of Business

3. Mailing Address

3445 SE HART CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St Lucie, Fla

City & State

Fla

Zip

34984

Country

ST. LUCIE

Zip

Country

4. FEI Number

05-0970231

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORSO, ROSE
 3445 SE HART CIR.
 PORT ST. LUCIE FL 34984

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PRESIDENT
 ROSALIE CORSO
 3445 SE HART CI.
 PORT ST LUCIE, FLA 34984

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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:

Rosalie Corso
 ROSALIE CORSO

4/18/00

(561)
 871-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)