

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90173 024 \*\*\*158.75

**DOCUMENT # P99000111146**

1. Entity Name  
**ROSES USA.COM, INC.**

Principal Place of Business      Mailing Address  
**460 E SEMORAN BLVD. SUITE 200**      **460 E SEMORAN BLVD. SUITE 200**  
**CASSELBERRY FL 32707**      **CASSELBERRY FL 32707**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **APPLIED FOR**  
**59-3656998**      Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ANTUNES, AMERICO**  
**460 E SEMORAN BLVD, SUITE 200**  
**CASSELBERRY FL 32707**

## 7. Name and Address of New Registered Agent

Name **Antunes, Peter**  
 Street Address (P.O. Box Number is Not Acceptable) **460 E Semoran Blvd #200**  
 City **Casselberry** FL Zip Code **32707**

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 *Peter Antunes* **PETER ANTUNES** **04/30/01**  
 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	Delete
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>ANTUNES, AMERICO</b>	<b>460 E SEMORAN BLVD, SUITE 200</b>	<b>CASSELBERRY FL 32707</b>	
				<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	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
	<b>Director</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Antunes, Peter</b>	<b>460 E Semoran Blvd #200</b>	<b>Casselberry, FL 32707</b>		
	<b>Director</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Antunes, Jeffrey</b>	<b>460 E Semoran Blvd #200</b>	<b>Casselberry, FL 32707</b>		
				<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: *Peter Antunes* **PETER ANTUNES** **04/30/01** **(407) 834-9667**  
 Signature and typed or printed name of signing officer or director Day Daytime Phone #

CR2E034 (10/00)