

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S99355** **(R)**

1. Entity Name

ROSIE PRODUCTIONS, INC.

Principal Place of Business

352 SW 19 RD P.O. BOX 28263
MIAMI, FL 33129 HIALEAH, FL 33002

Mailing Address

2. Principal Place of Business

352 SW 19 RD
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 28263
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

HIALEAH, FL

4. FEI Number

650 310 894

Applied For

Not Applicable

Zip

Country

33129 USA

Zip

Country

33002 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIBERTAD BARRIOS
617 EAST 30 ST.
HIALEAH, FL

7. Name and Address of New Registered Agent

Name

BERTALINA FIALLO

Street Address (P.O. Box Number is Not Acceptable)

352 SW 19 ROAD

City

MIAMI

FL

Zip Code

33129

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

Bertalina Fiallo

6/10/00

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Rosie Menendez

ROSIE MENENDEZ

6/10/00 (305) 556-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00065001

DO NOT WRITE IN THIS SPACE

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90003 050 ***150.00

CR2E034 (9/99)