

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S99355**

1. Entity Name
ROSIE PRODUCTIONS INCORPORATED

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90006 038 ***550.00

Principal Place of Business

Mailing Address

~~P.O. BOX 8263~~

~~P.O. BOX 8263~~

~~HIALEAH FL 33012-0290~~

~~HIALEAH FL 33012-0290~~



2. Principal Place of Business

3. Mailing Address

PO BOX 28263

PO BOX 28263

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HIALEAH FL

City & State

HIALEAH FL

4. FEI Number

65-0310894

Applied For

Not Applicable

Zip

33002

Country

USA

Zip

33002

Country

USA

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

BARRIOS, LIBERTAD

617 E. 30 ST.

HIALEAH FL 33013-3

Name

BERTHA 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

BERTHA FIALLO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/14/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
NAME **MENENDEZ, ROSIE**
STREET ADDRESS **P.O. BOX 8263 N/A**
CITY-ST-ZIP **HIALEAH FL 33012-0290**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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)(l), 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

8/14/01

Daytime Phone #

305-556-0110

0019614 AV

CR2E034 (5/01)