2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 576821 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name ROZAP, INC. 04-11-2000 90209 035 ***150.00 Principal Place of Business Mailing Address 1990 SUNRISE BLVD 1990 SUNRISE BLVD FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304-1462 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1933955 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired * Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STUART ENGSTROM Street Address (P.O. Box Number is Not Acceptable) 1990 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change Addition TITLE CASTELLANO, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1990 E. SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE CASTELLANO, JOSEPH NAME NAMÉ 1990 E SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE GALGANO, FRANK NAME NAME 2485 E SUNRISE BLVD, #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE GALGANO, HELEN NAME NAME STREET ADDRESS 2485 E SUNRISE BLVD, #202 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition . Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 frue 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 alrother like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

954-763-1478

Daytime Phone #