CR2E034 (10/00)

Y-763*-1478*

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # 576821 Secretary of State** 1. Entity Name ROZAP, INC. 03-29-2001 90364 033 ***150.00 Principal Place of Business Mailing Address 1990 SUNRISE BLVD 1990 SUNRISE BLVD FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1933955 Not Applicable Country Zip Zip Country \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change CASTELLANO, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1990 E. SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL Addition TITLE ☐ Delete TITLE Change CASTELLANO, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 1990 E SUNRISE BLVD CITY-ST-ZIP CITY-ST-ZIP-FT-LAUDERDALE FL- -~ ☐ Change ☐ Addition PΠ TITLE TITLE Delete NAME GALGANO, FRANK NAME STREET ADDRESS STREET ADDRESS 2485 E SUNRISE BLVD, #202 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Change Addition ☐ Delete TITLE GALGANO, HELEN NAME NAME STREET ADDRESS 2485 E SUNRISE BLVD, #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 simpowered 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 appears, with all other like empowered.

PAUL CASTELLAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: