

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90074 009 ***150.00

DOCUMENT # J10373

1. Entity Name

WILROSE ENTERPRISES, INC

Principal Place of Business

Mailing Address

941 South Ocean Blvd.
 Delray Beach, FL 33483

(same)

A0036185

2. Principal Place of Business

400 S.E. 5th Avenue

3. Mailing Address

400 S.E. 5th Avenue

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

59-2661405

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33432

Country

USA

Zip

33432

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ann Rosenberg
 941 South Ocean Blvd.
 Delray Beach, FL 33483

7. Name and Address of New Registered Agent

Name

~~Ann Rosenberg~~ Richard Preston

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

~~400 S.E. 5th Avenue~~ 666 71st Street

City

~~Boca Raton~~ Miami Beach

FL

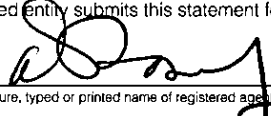
Zip Code

33441

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.

33141

SIGNATURE



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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

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	Director/Chairman/President	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	William Rosenberg	
CITY-ST-ZIP		
TITLE NAME	Director/Vice Pres.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	Ann Rosenberg	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Donald Rosenberg	
CITY-ST-ZIP		
TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Richard Preston CPA	
CITY-ST-ZIP		
TITLE NAME	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Carol Silverstein	
CITY-ST-ZIP		
TITLE NAME	Chairman/President/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Donald Rosenberg	
CITY-ST-ZIP		
TITLE NAME	Vice Pres./Sec'y.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Carol Rosenberg	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

 Donald Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

781 431 7654

Daytime Phone #

CR2E034 (1/1/00)