

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 06, 2003 8:00 am  
Secretary of State

02-06-2003 90098 014 \*\*\*150.00

DOCUMENT # **J10373**



1. Entity Name  
**WILROSE ENTERPRISES, INC.**

Principal Place of Business  
**198 WINDING RIVER RD  
WELLESLEY MA 02482  
US**

Mailing Address  
**198 WINDING RIVER RD  
WELLESLEY MA 02482  
US**

**22004387**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2661405**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**PRESTON, RICHARD  
666 71ST STREET  
#103  
MIAMI BEACH FL 33141**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROSENBERG, DONALD</b>
STREET ADDRESS	<b>198 WINDING RIVER RD</b>
CITY-ST-ZIP	<b>WELLESLEY MA 02482</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PRESTON, RICHARD CPA</b>
STREET ADDRESS	<b>666 71ST ST #103</b>
CITY-ST-ZIP	<b>MIAMI FL 33141</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SILVERSTEIN, CAROL</b>
STREET ADDRESS	<b>198 WINDING RIVER RD</b>
CITY-ST-ZIP	<b>WELLESLEY MA 02482</b>
TITLE	<input type="checkbox"/> Delete
NAME	<del><b>ROSENBERG, CAROL</b></del>
STREET ADDRESS	<del><b>947 SOUTH OCEAN BOULEVARD</b></del>
CITY-ST-ZIP	<del><b>DELRAY BEACH FL</b></del>
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"/> 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
NAME	<b>Carol Silverstein</b>
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *President + Director 2/1/03* **781-431-7654**

CR2E034 (10/02)