

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0284792 AV

DOCUMENT # P98000022640

1. Entity Name

ROSA INVESTMENTS & MANAGEMENT, INC.

04-01-2002 90167 012 ***150.00

| | |
|---|---|
| Principal Place of Business 201 N.E. 183RD ST. MIAMI FL 33179 | Mailing Address 201 N.E. 183RD ST. MIAMI FL 33179 |
|---|---|



| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0821081 | Applied For |
| | Not Applicable |

5. Certificate of Status Desired **\$8.75** Additional Fee Required

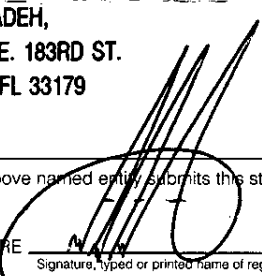
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEHADEH,
 201 N.E. 183RD ST.
 MIAMI FL 33179**

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| State 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.

SIGNATURE  DATE **1-17-02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

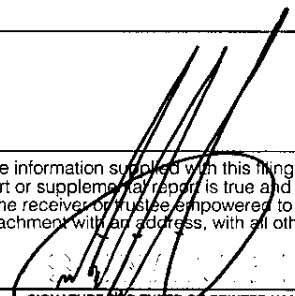
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHEHADEH, MAHMOUD | |
| STREET ADDRESS | 201 N.E. 183RD ST. | |
| CITY-ST-ZIP | MIAMI FL 33179 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| 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 |
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| 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 | | |

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 supplement 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-17-02** Daytime Phone # **(305) 655-3509**

CR2E034 (9/01)