

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 249399

1. Entity Name

ROSE CEMENT SUPPLY INC

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90065 036 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 2475. N/A
P.O. BOX 2475
HIALEAH FL 33012
US

P.O. BOX 2475. N/A
P.O. BOX 2475
HIALEAH FL 33012-0475
US

69020010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 160370

3. Mailing Address
P.O. Box 160370

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, Florida

Hialeah, Florida

Zip
33016

Country
Dade

Zip
33016

Country
Dade

4. FEI Number **59-0936913**

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

JACOBS, PAUL S
10651 OKEECHOBEE ROAD
HIALEAH FL 33012

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

SIGNATURE

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

DATE

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VS	<input type="checkbox"/> Delete
NAME	JACOBS, PAUL	
STREET ADDRESS	2333 BRICKELL AVE #2316	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, CAROLE	
STREET ADDRESS	1941 N W 197 TERRACE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBS, HARRY-F	
STREET ADDRESS	1941 N W 197 TERRACE	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	
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"/> 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		
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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 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?

SIGNATURE
HARRY F. JACOBS

Feb. 16, 2000 305 823 3380

Date

Daytime Phone #

CR2E034 (9/99)