

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90077 007 ***150.00

DOCUMENT # 249399

1. Entity Name

ROSE CEMENT SUPPLY INC

Principal Place of Business

P.O. BOX 160370
 HIALEAH FL 33016
 US

Mailing Address

P.O. BOX 160370
 HIALEAH FL 33016
 US

2. Principal Place of Business

10651 W. OKEECHOBEE ROAD
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIALEAH GARDENS, FLORIDA

City & State

Zip

Country

33018

USA

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

JACOBS, PAUL S
 10651 OKEECHOBEE ROAD
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

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, 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 VS
 NAME JACOBS, PAUL
 STREET ADDRESS 2333 BRICKELL AVE #2316
 CITY-ST-ZIP MIAMI, FL 00000 ☐ Delete

TITLE D
 NAME JACOBS, CAROLE
 STREET ADDRESS 1941 N W 197 TERRACE
 CITY-ST-ZIP N MIAMI BCH, FL 00000 ☐ Delete

TITLE P
 NAME JACOBS, HARRY F
 STREET ADDRESS 1941 N W 197 TERRACE
 CITY-ST-ZIP N MIAMI BCH, FL 00000 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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?

HARRY JACOBS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

JAN 25, 2001 305 823 3380

Date

Daytime Phone #

CR2E034 (10/00)