

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0254875  
 AV

DOCUMENT # **283026**

1. Entity Name  
**ROSE RICE ASSOCIATES, INC.**

04-09-2002 90010 036 \*\*\*150.00

Principal Place of Business <b>17140 COLLINS AVE</b> <b>107</b> <b>SUNNY ISLES BEACH FL 33160</b> <b>US</b>	Mailing Address <b>17140 COLLINS AVE</b> <b>107</b> <b>SUNNY ISLES BEACH FL 33160</b> <b>US</b>
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2. Principal Place of Business <b>17094 COLLINS AVE</b> Suite, Apt. #, etc. <b>509A</b>	3. Mailing Address <b>17094 COLLINS AVE</b> Suite, Apt. #, etc. <b>509A</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>SUNNY ISLES BEACH FL 33160</b>	City & State <b>SUNNY ISLES BEACH FL 33160</b>	4. FEI Number <b>59-1085917</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33160</b>	Country <b>U.S.</b>	Zip <b>33160</b>	Country <b>U.S.</b>

6. Name and Address of Current Registered Agent <b>RICE, ROSE</b> <b>17140 COLLINS AVE</b> <b>107</b> <b>SUNNY ISLES BEACH FL 33160</b>	7. Name and Address of New Registered Agent Name <b>Rice, Rose</b> Street Address (P.O. Box Number is Not Acceptable) <b>17094 COLLINS AVE.</b> <b>509A</b> City <b>SUNNY ISLES BEACH FL</b> Zip Code <b>33160</b>
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RICE, ROSE</b> <b>17140 COLLINS AVE</b> <b>SUNNY ISLES BEACH FL 33160</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>Rose Rice</b> <b>17094 COLLINS AVE</b> <b>SUNNY ISLES BEACH, FL 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERGAMENT, ANN</b> <b>609 N. E. 14TH AVE.</b> <b>HALLANDALE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rose Rice* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4-7-02** **(305) 944-0378**  
 Date Daytime Phone #

CR2E034 (9/01)