

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-09-2002 90010 036 ***150.00

0254875
 AV

DOCUMENT # 283026

1. Entity Name
ROSE RICE ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
17140 COLLINS AVE 107 SUNNY ISLES BEACH FL 33160 US	17140 COLLINS AVE 107 SUNNY ISLES BEACH FL 33160 US

2. Principal Place of Business 17094 COLLINS AVE Suite, Apt. #, etc. 509A City & State SUNNY ISLES BEACH FL 33160 Zip 33160 Country U.S.	3. Mailing Address 17094 COLLINS AVE Suite, Apt. #, etc. 509A City & State SUNNY ISLES BEACH FL 33160 Zip 33160 Country U.S.
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4. FEI Number 59-1085917	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

RICE, ROSE
 17140 COLLINS AVE
 107
 SUNNY ISLES BEACH FL 33160

7. Name and Address of New Registered Agent

Name Rice, Rose
Street Address (P.O. Box Number is Not Acceptable) 17094 COLLINS AVE. 509A
City SUNNY ISLES BEACH FL
Zip Code 33160

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, ROSE 17140 COLLINS AVE SUNNY ISLES BEACH FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE RICE 17094 COLLINS AVE SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERGAMENT, ANN 609 N. E. 14TH AVE. HALLANDALE FL <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
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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

4-1-02 (205) 944-0373
 Date Daytime Phone #

CR2E034 (9/01)