

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90053 016 \*\*\*150.00

00004000



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 552636**

**1. Entity Name**  
**ROSEN MEDICAL SUPPLIES, INC.**

**Principal Place of Business**  
114 NE 2ND AVE  
MIAMI FL 33132  
US

**Mailing Address**  
114 NE 2ND AVE  
MIAMI FL 33132  
US

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State  
Zip Country

**4. FEI Number** 59-1780434

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

**6. Name and Address of Current Registered Agent**  
MARTINEZ-CID, RICARDO  
25 SE 2ND AVE  
MIAMI FL 33131

**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** \_\_\_\_\_ (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.** ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, JAIME 9041 CARLYLE AVE SURFSIDE FL 33154 <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	ST ROSEN, EVA 9041 CARLYLE AVE SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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:** *Eva Rosen* **1-8-01** **305-358-2012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)