

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 595454

1. Entity Name

MARVIN ROSEN & ASSOCIATES, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90033 032 ***150.00

Principal Place of Business

Mailing Address

1586 MADRUGA AVENUE
CORAL GABLES FL 33146-3020

1586 MADRUGA AVENUE
CORAL GABLES FL 33146-1838

2. Principal Place of Business

3. Mailing Address

360 GRECO AVE.
Suite, Apt. #, etc.
202

360 GRECO AVE.
Suite, Apt. #, etc.
202

City & State
CORAL GABLES, FLA.

City & State
CORAL GABLES, FLA.

Zip Country
33146 Dade

Zip Country
33146 Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1864190

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

ROSEN, MARVIN
1586 MADRUGA AVE.
CORAL GABLES FL 33146

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> Delete
NAME	ROSEN, MARVIN	
STREET ADDRESS	1586 MADRUGA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSEN, ROCHELLE	
STREET ADDRESS	1586 MADRUGA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSEN, MARVIN	
STREET ADDRESS	1586 MADRUGA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	360 GRECO AVE # 202	
CITY-ST-ZIP	CORAL GABLES, FLA. 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	360 GRECO AVE. # 202	
CITY-ST-ZIP	CORAL GABLES, FLA. 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	360 GRECO AVE. # 202	
CITY-ST-ZIP	CORAL GABLES, FLA. 33146	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

Daytime Phone #

CR2E034 (9/99)