

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000616**

1. Entity Name

ROWIMA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25




DO NOT WRITE IN THIS SPACE

Principal Place of Business

10155 COLLINS AVE., APT. 1503
BAL HARBOUR FL 33154

Mailing Address

10155 COLLINS AVE., APT. 1503
BAL HARBOUR FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0752250

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**M&W AGENTS, INC.
9100 S. DADELAND BLVD., SUITE 1707
MIAMI FL 33156-7819**

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. Capital Contributions as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

146,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P96000100093**
NAME **CHAREN HOLDINGS, INC.**
STREET ADDRESS **10155 COLLINS AVE., APT. 1503**
CITY-ST-ZIP **BAL HARBOUR FL 33154**

STREET ADDRESS _____
CITY-ST-ZIP **300003343099--3**
~~08/02/00 01007-016~~
******926.25 ****926.25**

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

DOCUMENT # _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

STREET ADDRESS _____
CITY-ST-ZIP _____

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert A Merwitzer **ROBERT A MERWITZER** 7/17/00 (970) 586-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Pres., Charen Holdings, Inc.

CR2E003 (5/00)