

2001 UNIFORM BUSINESS REPORT (UBR)

0006109 AF

DOCUMENT # A97000000616

1. Entity Name
ROWIMA, LTD.

Principal Place of Business 10155 COLLINS AVE., APT. 1503 BAL HARBOUR FL 33154	Mailing Address 10155 COLLINS AVE., APT. 1503 BAL HARBOUR FL 33154
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0752250	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

FILED

01 APR 16 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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. Capital Contributions as Shown on record. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 116,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P96000100093 CHAREN HOLDINGS, INC. 10155 COLLINS AVE., APT. 1503 BAL HARBOUR FL 33154
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS CITY-ST-ZIP	800004064148-4 -04/24/01--01080--005 ***526.25 ***526.25
STREET ADDRESS CITY-ST-ZIP	
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,** **4/10/01 (480) 473-9767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PRES. CHAREN HOLDINGS Date Daytime Phone #

CR2E003 (11/00)