

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010289  
AT

**DOCUMENT #** **A97000000616**  
 1. Entity Name  
**ROWIMA, LTD.**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

02 APR 12



Principal Place of Business      Mailing Address  
**10155 COLLINS AVE., APT. 1503**      **10155 COLLINS AVE., APT. 1503**  
**BAL HARBOUR FL 33154**      **BAL HARBOUR FL 33154**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2002**

4. FEI Number      Applied For  
**65-0752250**      Not Applicable

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.      **< 1,000,000.**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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, Pres. Charen Holdings, Inc*      4-8-02      (480) 493-9767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CP2E003 (9/01)