

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 APR -9 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A98000000433**

1. Entity Name

ROSE & ASSOCIATES, LTD.

Principal Place of Business

**5533 FOUNTAINS DRIVE
LAKE WORTH FL 33467**

Mailing Address

**5533 FOUNTAINS DRIVE
LAKE WORTH FL 33467**

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

65-0915408

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

RUMMANS, LAURA L

**1200 N. FEDERAL HIGHWAY, SUITE 420
BOCA RATON FL 33432**

Name

Mr. Leonard Rose

Street Address (P.O. Box Number is Not Acceptable)

5533 Fountains Dr.

City

Lake Worth, FL

FL

Zip Code

33467

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

Leonard Rose

4-2-02

DATE

9. Capital Contributions
as Shown on record.

\$754,786.

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **P97000094055**
NAME **L&S ROSE, INC.**
STREET ADDRESS **5533 FOUNTAINS DRIVE SOUTH**
CITY-ST-ZIP **LAKE WORTH FL 33467**

STREET ADDRESS

CITY-ST-ZIP

800005257378--1

-04/12/02--01032--008

*****526.25 ***526.25**

DOCUMENT #

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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:

Leonard Rose

1-11-2002

561-6420276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)