

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90022 020 ***150.00

DOCUMENT # F98000000656

1. Entity Name

ROSE RESEARCH INC.

Principal Place of Business

Mailing Address

483 ALEXANDER PALM RD
BOCA RATON FL 33432

483 ALEXANDER PALM RD
BOCA RATON FL 33432

US Pylon Plaza
5455 Federal Highway
Boca Raton, FL

US Pylon Plaza
5455 Federal Highway
Boca Raton, FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite Q

Suite, Apt. #, etc.

Suite Q

City & State

City & State

Zip

Country

USA

Zip

Country

USA

4. FEI Number 13-3576293

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

ROSE, SHELDON
8990 WEMBLEY COURT
SARASOTA FL 34238

Name

Steven Rose

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

483 Alexander Palm Rd.

City

Boca Raton

FL

Zip Code

33432

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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSE, STEVEN H 5000 NORTH OCEAN DRIVE UNIT 10A SINGER ISLAND FL 33404 2040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROSE, RICKI 5000 NORTH OCEAN DRIVE UNIT 10A SINGER ISLAND FL 33404 2040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
483 Alexander Palm Rd. Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
483 Alexander Palm Rd. Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/01 (561) 750-7474

CR2E034 (10/00)