

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90342 002 ****50.00
 07-01-2002 90342 003 ****50.00

DOCUMENT # **L01000020744**

1. Entity Name

Rose Farms of America, LLC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

1660 NW 82nd Ave

3. Mailing Address

1660 NW 82nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Florida

City & State

Miami, Florida

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip **33126**

Country

Zip **33126**

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

Name

Ian Simmons

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

1660 NW 82nd Ave

City **Miami**

FL

Zip Code **33126**

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

Ian Simmons

IAN SIMMONS

4/27/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	<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
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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

P.D. Simmons, Ian
1660 NW 82nd Ave.
Miami, FL 33126

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 an address, with all other like empowered.

SIGNATURE:

Ian Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02

CR2E034 (9/01)



Attachment A
95959

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 4, 2002

ROSEFARMS OF AMERICA, LLC
1660 N.W. 82ND AVE.
MIAMI, FL 33126

SUBJECT: ROSEFARMS OF AMERICA, LLC
Ref. Number: K01000020744

We have received your document for ROSEFARMS OF AMERICA, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$50.00.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file the limited liability company annual report/uniform business report form is \$50. Please include an additional \$5 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 902A00036002