

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90041 036 \*\*\*\*55.00

**DOCUMENT # L02000022228**

1. Entity Name

**ROSES & ROSES, LLC**



Principal Place of Business

**10620 N.W. 27TH STREET, UNIT D 101  
MIAMI FL 33172**

Mailing Address

**10620 N.W. 27TH STREET, UNIT D 101  
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0483149**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES

**20019163**



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANTON, EDUARDO  
1385 CORAL WAY, SUITE 406  
MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **WELLISCH, ROBERTO J**  
CITY-ST-ZIP **10620 N.W. 27TH STREET, UNIT D 101  
MIAMI FL 33172**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **MGR**  
STREET ADDRESS **ROJAS, HENRIQUE**  
CITY-ST-ZIP **10620 N.W. 27TH STREET, UNIT D 101  
MIAMI FL 33172**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Manager**  
STREET ADDRESS **Mirna Costa**  
CITY-ST-ZIP **10620 NW 27 St.  
Miami, FL. 33172**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/17/03**

**305-593-2266**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)