

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90194 028 ***150.00

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AV

DOCUMENT # L70268

1. Entity Name
STEVEN G. ROSEN, CPA, P.A.

Principal Place of Business
**10736 NW 21ST STREET
CORAL SPRINGS FL 33071-448
US**

Mailing Address
**10736 NW 21ST ST
CORAL SPRINGS FL 33071-4218
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12516 NW 56TH STREET
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 772651
Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL
Zip
33076
Country
US

City & State
CORAL SPRINGS FL
Zip
33077
Country
US

4. FEI Number **65-0196853**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEN, STEVEN G.
10736 NW 21ST STREET
CORAL SPRINGS FL 33071-4218**

7. Name and Address of New Registered Agent

Name
ROSEN, STEVEN G
Street Address (P.O. Box Number is Not Acceptable)
12516 NW 56TH STREET
City
CORAL SPRINGS FL Zip Code
33076

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 *Steven G. Rosen*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROSEN, STEVEN G. 10736 NW 21ST STREET CORAL SPRINGS FL 33071-4218	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, STEVEN G. 10736 NW 21ST STREET CORAL SPRINGS FL 33071-4218	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEN, MICHELLE 10736 NW 21ST ST CORAL SPRINGS FL 33071-4218	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROSEN, STEVEN G. 12516 NW 56TH STREET CORAL SPRINGS, FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, STEVEN G. 12516 NW 56TH STREET CORAL SPRINGS, FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEN, MICHELLE 12516 NW 56TH STREET CORAL SPRINGS, FL 33076	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE: *Steven G. Rosen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 *954-961-7940*

CR2E034 (9/01)