2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001517

1. Entity Name
ROSA ROSAE, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 PM 1:13

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O ROMY BENCHIMOL 801 BRICKELL BAY DRIVE. APT 1163 MIAMI FL 33131	C/O ROMY BENCHIMOL 801 BRICKELL BAY DRIVE. APT 1163 MIAMI FL 33131-2938

2. Principal Place of Business	3. Mailing Address
3205 NE 184th St.	3205 NE 184th St.
Suite, Apt. #, etc. 9202	Suite, Apt. #, etc. 9202
City & State AVENTURA	City & State AVENTURA
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 65-0908982 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name ROMY BENCHIMOL
Street Address (P.O. Box Number is Not Acceptable)
3205 NE 184th st. STE. 9202
City AVENTURA FL Zip Code 33160

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 X' Romy B.K. — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/24/00

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCHIMOL, ROMY 801 BRICKELL BAY DRIVE, APT 1163 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENCHIMOL, ROMY 3205 NE 184th st. STE 9202 AVENTURA, FL 33160 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100003189591--4 -03/30/00--01028--027 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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: X SIGNATURE REQUIRED Romy B.K. MGRM. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date 1/24/00 | Daytime Phone # (305) 792-2274