## 2000 UNIFORM BUSINESS REPORT (UBR)

					•	•		
DOCUMENT # L9900001517  1. Entity Name ROSA ROSAE, L.C.					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
J.					00 MAR 13 PM	1: 13		
Principal Plac	e of Business	Mailing Address						
C/O ROMY BENCHIMOL 801 BRICKELL BAY DRIVE. APT 1163 C/O ROMY BENCHIMOL 801 BRICKELL BAY DRIVE. APT			PT 1163					
MIAMI FL 33131 MIAMI FL 33131-2938					(MM210012 DAM (MA10 (MA10 00114 00114 00114)	II <b>aa</b> hii <b>balo</b> i si <b>ab</b> i <b>a</b> iffi	(1 <b>0</b> )	
A Dáretesto	News of During	La Mallina Address						
2. Principal Place of Business 3205 NE 1841 St. 3205 NE 184				st.				
Suite, Apt. #, etc. Suite, Apt. #, etc.			-		DO NOT WRITE IN	THIS SPACE		
City & Stat	<u> </u>	City & State A Vantu L-4		4. FEIN	lumber 65- 0908	Q 9 87 AF	pplied For ht Applicable	
			Country #1 C 2	5 Cortii		\$5.00 Add		
Zip 3760 - Country 45A Zip 3360 Country 45A 5. Certificate of Status Desired  6. Name and Address of Current Registered Agent 7. Name and Address of New Reg						Fee Require	d .	
Name RONV BENCHMOL								
FELDENKRAIS, MICHAEL ESQ Straet Address					umber is Not Acceptable)			
5201 BLUE LAGOON DRIVE, SUITE 100 MIAMI FL 33126				3205 NE 1847 st, STE. 9202				
WINIWITE SSIZE			, -	AUENT		FL Zip Cod	11-0	
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.								
	V. D. Rh					1/24/06	,	
SIGNATURE	Signature, typed or printed plante of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signatur	e required when reinstati	ng)	DATE		
FILE NOW!!! FEE IS \$50.00								
•		Make Check Payat	ole to Departn	nent of State				
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/CHA			
TETLE NAME	MGRM   BENCHIMOL, ROMY	☐ Delate		NGENCHI BENCHI	Md Pour	Change	Addition   S	
STREET ADDRESS	801 BRICKELL BAY DRIVE, APT 1163			3205 NE	= 184th sf./s	TE 9202	<u>-</u>   [6	
CITY-ST-ZIP TITLE	MIAMI FL 33131		CITY-ST-ZIP TITLE	AJENTU	RA, TC 3316	☐ Change	Addition (	
NAME			NAME STREET ADDRESS		1000031	39591	4	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		-03/30/0 	001028	027 - 1	
TITLE .		Delate	*TITLE		一、一、一、本本本本等201。	Change	Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY- ST- ZIP			Change	Addition	
IIII		Nakrta			^ /			
NAME		∟ Delate	NAME		0.8			
NAME STREET ADDRESS CITY-ST-ZIP		∟∟ Debrita			Ked			
STREET ADDRESS		□ Delaria	NAME STREET ADDRESS CITY-ST-ZIP TITLE		Sul	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			RAME STREET ADDRESS CITY-ST-ZIP		<u>lul</u>	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD #ESS CITY-ST-ZIP		□ Occlertes	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADVACESS			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Jul 1	Change	Addition Addition	
STREET ADDRESS CITY-ST-ZIP  YITLE NAME STREET AD' SESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		□ Occlertes	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Jul -			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD' SESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby	certify that the information supplied with	Delete  Delete  this filing does not qualify for the	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP EXECUTY-ST-ZIP EXECUTY-ST-ZIP EXECUTY-ST-ZIP EXECUTY-ST-ZIP			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD MESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	Delete  Delete  this filing does not qualify for the hat my signature shall have the	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP EXECUTY-SI-ZIP EXEMPLION STATES EX	t as if made under	oath; that I am a managing r	Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AD MESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	on this report is true and accurate and bility company or the receiver or trustee	Detects  Detects  this filling does not qualify for the hat my signature shall have the empowered to execute this repo	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP EXECUTY-SI-ZIP EXEMPLION STATES EX	t as if made under y Chapter 608, Flo	oath; that I am a managing r rida Statutes.	Change	Addition Information ar of the	