2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # M34742 Mar 22, 2000 8:00 am Secretary of State ROSE CHEMICAL CORP. 03-22-2000 90216 001 ***150.00 Mailing Address Principal Place of Business 2081 N.W. 29TH STREET 2081 N.W. 29TH STREET FT LAUDERDALE FL 33311 FT LAUDERDALE FL 33311-2127 C0043200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2693572 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENFELD, STEVEN Street Address (P.O. Box Number is Not Acceptable) 2081 NW 29 ST FT LAUDERDALE FL 33311 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) چ FILE NOW!!! FEE IS \$150.00 --- حرية 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/99) ☐ Change ■ Addition TITLE ☐ Defete TITLE ROSENFELD, STEVEN NAME NAME STREET ADDRESS STREET ADDRESS 2081 N.W. 29TH STREET CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33311 Addition □ Change Delete TITLE TITLE NAXAE NAME STREET AUDRESS STREET ADDRESS OTT. ST ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE THILE NAME STREET ADDRESS ANDDESS CITY-ST-ZIP ST-ZIP Change Delete ☐ Addition TITLE NAME STREET ADDRESS City-ST-21F ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS *PECCEO CITY-ST-ZIP ST-71P ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS 1000000 CITY-ST-ZIP ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information yal 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 ustee empowered to execute this report as reflired by Chapter 60x, Florida Statutes; and that my name appears in Block 11 or Block 12 is I hereby certify that the information s indicated on this report or supplen Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver changed, or on an attachment