

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013951

1. Entity Name
ASSOCIATES, ROSE INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90200 035 ***150.00

Principal Place of Business
3890 WEST COMMERCIAL BLVD., STE. 212
FT. LAUDERDALE FL 33309

Mailing Address
3890 WEST COMMERCIAL BLVD., STE. 212
FT. LAUDERDALE FL 33309

2. Principal Place of Business
3890 WEST COMMERCIAL BLVD
Suite, Apt. #, etc.
212

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
FT LAUDERDALE
FL

City & State
FL

Zip
33309

Country
FLORIDA

Zip
33309

Country

4. FEI Number
65-0981424

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELLACROCE, JOSEPH
3890 WEST COMMERCIAL BLVD., STE. 212
FT. LAUDERDALE FL 33309

Name
DELLA CROCE JOSEPH

Street Address (P.O. Box Number is Not Acceptable)
3890 WEST COMMERCIAL BLVD
FT. LAUD

City
F

FL

Zip Code
33309

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 *Joseph Dellacroce* JOSEPH DELLACROCE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
MARCH 13, 2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Rose Della Croce
President / D
Same as Above

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Joseph Dellacroce
Secretary
Same as Above

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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: *Joseph Dellacroce* JOSEPH DELLACROCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
3/13/2001

Daytime Phone #
954-735-2642

CR2E034 (10/00)