

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087867
1. Entity Name
ROSEWOOD HOLDINGS, INC.

FILED

02 JUL -3 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6740 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33319

Mailing Address
6740 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33319

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2002 AMENDED

4. FEI Number 65-1039328
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KAPLAN, BARRY J
6740 WEST COMMERCIAL BLVD.
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent
Name Tammy Krichmar
Street Address (P.O. Box Number is Not Acceptable) 6740 W COMMERCIAL BLVD
City FT. LAUDERDALE FL Zip Code 33319

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]
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE May 6, 2002

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 D	NAME KAPLAN, BARRY J	STREET ADDRESS 6740 WEST COMMERCIAL BLVD.	CITY-ST-ZIP FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete
TITLE V	NAME GELMAN, ALLEN	STREET ADDRESS 6740 WEST COMMERCIAL BLVD.	CITY-ST-ZIP FORT LAUDERDALE FL 33319	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR	NAME TAMMY KRICHMAR	STREET ADDRESS 6740 W COMMERCIAL BLVD	CITY-ST-ZIP FT. LAUDERDALE, FL 33319	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE May 6, 2002
Daytime Phone # 954-742-8999

CR2E034 (9/01)