

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91601 045 \*\*\*150.00

DOCUMENT # 901000009528

1. Entity Name

Rosen and Associates Insurance Agency, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1580 Sawgrass Corporate Parkway

3. Mailing Address

P.O. Box 452018

Suite, Apt. #, etc.

Suite 130

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33323

Country

USA

Zip

33345-2018

Country

USA

4. FEI Number

65-1084978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Larry A. Rosen

Street Address (P.O. Box Number is Not Acceptable)

12441 NW 15th St 1580 Sawgrass Corporate Parkway

Suite 130

City

Sunrise

FL

Zip Code

33323

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

Larry A. Rosen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/22/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Larry A. Rosen  
12441 NW 15th St #201  
Sunrise FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Heather P. Rosen  
1650 NW 128th Dr #106  
Sunrise FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
Jay Rosen  
1348 NW 126th Way  
Sunrise FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay Rosen

5/22/02 (954)990-4822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)