

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90041 005 ***150.00

DOCUMENT # P01000061713

1. Entity Name

ROSEN FINANCIAL SOLUTIONS CORP.

Principal Place of Business

~~25 SE 2ND AVENUE SUITE 220~~
MIAMI FL 33131

Mailing Address

25 SE 2ND AVENUE SUITE 220
MIAMI FL 33131

2. Principal Place of Business

150 SE 2ND AVENUE

3. Mailing Address

150 SE 2ND AVENUE

Suite, Apt. #, etc.

SUITE #1200

Suite, Apt. #, etc.

SUITE #1200

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BORIS

25 SE 2ND AVENUE SUITE 220---

MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

BORIS ROSEN

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

150 SE 2ND AVENUE, SUITE #1200

City

MIAMI

FL

Zip Code

33131

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☐ Delete
 NAME **ROSEN, BORIS**
 STREET ADDRESS **25 SE 2ND AVENUE SUITE 220---**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE **STD** ☐ Delete
 NAME **ROSEN, KENNETH**
 STREET ADDRESS **25 SE 2ND AVENUE SUITE 220**
 CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **BORIS ROSEN**
 STREET ADDRESS **150 SE 2ND AVENUE, SUITE #1200**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☒ Change ☐ Addition
 NAME **KENNETH ROSEN**
 STREET ADDRESS **150 SE 2ND AVENUE, SUITE #1200**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)