

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90732 014 ***150.00

DOCUMENT # P01000109232

1. Entity Name
ROSEN BAKER CARDENAS, INC.

Principal Place of Business
4500 BISCAYNE BLVD., SUITE 104
MIAMI FL 33137

Mailing Address
4500 BISCAYNE BLVD., SUITE 104
MIAMI FL 33137

00140001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1541 Sunset Drive

3. Mailing Address
1541 Sunset Drive

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-1158302

Applied For
 Not Applicable

Zip
33143

Country
U.S.A.

Zip
33143

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

ROSEN, RICHARD
4500 BISCAYNE BLVD., SUITE 104
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
Richard Rosen
 Street Address (P.O. Box Number is Not Acceptable)
1541 Sunset Drive
Suite 201
 City
Coral Gables **FL** Zip Code
33143

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

5/23/2002

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **ROSEN, RICHARD**
 STREET ADDRESS **4500 BISCAYNE BLVD., SUITE 104**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☒ Delete
 NAME **BAKER, JEROME T**
 STREET ADDRESS **4500 BISCAYNE BLVD., SUITE 104**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete
 NAME **CARDENAS, EMILY**
 STREET ADDRESS **4500 BISCAYNE BLVD., SUITE 104**
 CITY-ST-ZIP **MIAMI FL 33137**

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
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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 REQUIRED** Richard Rosen, Director 5/23/02 305-740-4445
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)