FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED A

09-22-2002 90060 011 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000109232

1. Entity Name

ROSEN BAKER CARDENAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1541 Sunset Drive	1541 Sunset Drive
Suite, Apt. #, etc.: Suite 201	Suite, Apt. #, etc.: Suite 201
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl
Zip: 33143 Country: U.S.A	Zip: 33143 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1158302 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____
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) ☐

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 D NAME Rosen, Richard STREET ADDRESS 1541 Sunset Drive, Suite 201 CITY-ST-ZIP Coral Gables, Fl 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Slaninka, Paul STREET ADDRESS 1541 Sunset Drive, Suite 201 CITY-ST-ZIP Coral Gables, Fl 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Cardenas, Emily STREET ADDRESS 1541 Sunset Drive, Suite 201 CITY-ST-ZIP Coral Gables, Fl 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

9/19/25

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: Richard Rosen Richard Rosen, Director 9/19/02 305-740-4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #