

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91849 008 \*\*\*150.00

DOCUMENT # P01000112576

1. Entity Name  
ROSEASH INVESTMENTS, INC.



Principal Place of Business  
~~777~~ BRICKELL AVE., STE. 1070  
MIAMI FL 33131

Mailing Address  
777 BRICKELL AVE., STE. 1070  
MIAMI FL 33131

2. Principal Place of Business  
623 Upland Road  
Suite, Apt. #, etc.

3. Mailing Address  
623 Upland Rd  
Suite, Apt. #, etc.

City & State  
West Palm Beach, FL  
Zip 33401 Country US

City & State  
West Palm Bch, FL  
Zip 33401 Country US

4. FEI Number 65-1156443

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OSBORNE, DANIEL L  
777 BRICKELL AVE., STE. 1070  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
623 Upland Road  
City West Palm Bch FL Zip Code 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DANIEL L. Osborne, Pres.

4/29/03  
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME OSBORNE, DANIEL L  
STREET ADDRESS 777 BRICKELL AVE., STE. 1070  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE D ☒ Delete  
NAME OSBORNE, CYNTHIA  
STREET ADDRESS 777 BRICKELL AVE., STE. 1070  
CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 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

4/29/03  
Date

Daytime Phone #