

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

05-05-2003 91780 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000037519		
1. Entity Name ROSEMEAD MANAGEMENT INC.		
Principal Place of Business 3071 VIRGINIA ST MIAMI, FL 33133		Mailing Address 3071 VIRGINIA ST MIAMI, FL 33133
2. Principal Place of Business 3057 MATILDA Street Suite, Apt. #, etc.		3. Mailing Address 3057 MATILDA Street Suite, Apt. #, etc.
City & State Miami, FLORIDA		City & State Miami, FLORIDA
Zip 33133	Country	Zip 33133
4. FEI Number 03-0423353		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 F ST #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ (NOTE: Registered Agent's signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	D URIBE, ANTONIO ☐ Delete 3071 VIRGINIA ST MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	3057 MATILDA Street Miami, FLORIDA 33133 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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		Date 4/30/03 Daytime Phone # (305) 401-6329

11041300



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)