

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90090 008 ***150.00

DOCUMENT # P40273

1. Entity Name
ROLAR IMPORTS, LTD., INC.



Principal Place of Business
**10 CUTTER MILL ROAD
GREAT NECK NY 11021**

Mailing Address
**10 CUTTER MILL ROAD
GREAT NECK NY 11021**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **11-2293683**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARDI, LISA
800 W AVE
746
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

TITLE	DCP	<input type="checkbox"/> Delete
NAME	LARDI, PAUL F.	
STREET ADDRESS	8 JAEGGER DR.	
CITY-ST-ZIP	GLEN HEAD NY	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	ROSENBERG, MARVIN J.	
STREET ADDRESS	15 GREENWAY PLAZA 240	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ROSENBERG, MARVIN J.	
STREET ADDRESS	GREENWAY 15 PLAZA	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSENBERG, MARVIN J.	
STREET ADDRESS	15 GREENWAY PLAZA	
CITY-ST-ZIP	HOUSTON TX 77046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Paul F. Lardi*, PRES Date: **1-6-03** Daytime Phone #: **(516) 466-9222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)