

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90108 042 \*\*\*150.00

**DOCUMENT # P93000033709**

1. Entity Name

**ROSEN AND COMPANY, CERTIFIED PUBLIC ACCOUNTANTS, P.A.**

Principal Place of Business

25 SE 2ND AVE  
 SUITE 220  
 MIAMI FL 33131

Mailing Address

25 SE 2ND AVE  
 SUITE 220  
 MIAMI FL 33131

2. Principal Place of Business

**150 S.E. 2ND AVENUE**

3. Mailing Address

**150 SE 2ND AVENUE**

Suite, Apt., #, etc.

**AMERICAS CENTER STE 1200**

Suite, Apt., #, etc.

**AMERICAS CENTER STE 1200**

City & State

**MIAMI, FLORIDA**

City & State

**MIAMI FLORIDA**

DO NOT WRITE IN THIS SPACE

Zip

**33131**

Country

**US**

Zip

**33131**

Country

**USA**

4. FEI Number

**65-0413795**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSEN, BORIS**

**25 SE 2ND AVE SUITE 220**

**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**BORIS ROSEN**

Street Address (P.O. Box Number is Not Acceptable)

**150 SE 2ND AVENUE**

**AMERICAS CENTER SUITE 1200**

City

**MIAMI**

**FL**

Zip Code

**33131**

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

**1-10-02**

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 Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete  
 NAME **ROSEN, BORIS CPA**  
 STREET ADDRESS **25 SE 2ND AV, STE 220**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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 **DIRECTOR**  
 NAME **ROSEN, KENNETH E., CPA**  
 STREET ADDRESS **150 S.E. 2ND AVENUE, STE 1200**  
 CITY-ST-ZIP **MIAMI, FL 33131**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 OF BORIS ROSEN, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-10-02**

CR2E034 (9/01)