

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90263 045 ***150.00

DOCUMENT # P93000033709

1. Entity Name

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



Principal Place of Business

**150 SE 2ND AVENUE
AMERICAN CENTER SE 1200
MIAMI FL 33131**

Mailing Address

**150 SE 2ND AVENUE
AMERICAN CENTER SE 1200
MIAMI FL 33131**

90002955



2. Principal Place of Business

150 S.E. 2nd AVENUE, P 1200

3. Mailing Address

150 S.E. 2nd AVENUE, P 1200

Suite, Apt. #, etc.

SUITE 1200 33131

Suite, Apt. #, etc.

SUITE 1200

City & State

MIAMI, FL 33131

City & State

MIAMI, FL 33131

Zip

Country

Zip

Country

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
150 SE 2ND AVE
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

BORIS ROSEN

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

150 S.E. 2nd AVENUE, SUITE 1200

City

MIAMI, FL

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

TITLE **D** ☐ Delete
NAME **ROSEN, KENNETH**
STREET ADDRESS **150 SE 2ND AVENUE STE 1200**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
NAME **ROSEN, BORIS C.P.A.**
STREET ADDRESS **150 S.E. 2nd AVENUE, SUITE 1200**
CITY-ST-ZIP **MIAMI, FLORIDA 33131**

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

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

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

CR2E034 (10/02)

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 REQUIRED

BORIS ROSEN, PRESIDENT

1-10-2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #