

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90096 038 ***150.00

DOCUMENT # P93000078914

1. Entity Name

CAMROSE (FLORIDA), INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 CRANDON BOULEVARD	3. Mailing Address 201 CRANDON BOULEVARD
Suite, Apt. #, etc. UNIT 905	Suite, Apt. #, etc. UNIT 905

DO NOT WRITE IN THIS SPACE

City & State KEY BISCAYNE, FL	City & State KEY BISCAYNE, FL	4. FEI Number 65-0454262	Applied For <input type="checkbox"/>
Zip 33149	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Applied For <input type="checkbox"/>	Not Applicable
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
ROBERT B. LARKEY, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
9200 S. DADELAND BOULEVARD

SUITE 310

City
MIAMI

FL Zip Code
33156

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: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD ECHEVERRIA, RAUL 201 CRANDON BOULEVARD, UNIT 905 KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002 (5255) 5596-7110
Date Daytime Phone #

CR2E034B (12/01)