

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90113 024 ***150.00

DOCUMENT # P95000097689

1. Entity Name
LAWRENCE N. ROSEN, P.A.

Principal Place of Business
2925 AVENUTURA BOULEVARD
SUITE 308
AVENTURA FL 33180

Mailing Address
2925 AVENUTURA BOULEVARD
SUITE 308
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21170 N. E. 22nd Court
 Suite, Apt. #, etc.

3. Mailing Address
21170 N. E. 22nd Court
 Suite, Apt. #, etc.

City & State
N. Miami Beach, FL

City & State
North Miami Beach, FL

4. FEI Number **65-0637909**

Applied For
 Not Applicable

Zip **33180** Country **USA**

Zip **33180** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, LAWRENCE N ESQ
2925 AVENUTURA BOULEVARD
SUITE 308
AVENTURA FL 33180

Name
Lawrence N. Rosen
 Street Address (P.O. Box Number is Not Acceptable)
21170 N. E. 22nd Court
 City **North Miami Beach** **FL** Zip Code **33180**

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 *Lawrence N. Rosen*

1/15/02

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROSEN, LAWRENCE N 2925 AVENUTURA BOULEVARD AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lawrence N. Rosen*

1/15/02

305/932-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence N. Rosen

Date

Daytime Phone #

CR2E034 (9/01)