

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90127 024 \*\*\*150.00

**DOCUMENT # P96000014551**

**1. Entity Name**  
**ZALDIVAR GROUP, INC.**

**Principal Place of Business**  
**3460 FAIRLANE FARMS RD STE 13**  
**WELLINGTON FL 33414**

**Mailing Address**  
**3460 FAIRLANE FARMS RD STE 13**  
**WELLINGTON FL 33414**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**11576 Pierson Rd**  
**Suite, Apt. #, etc. Suite K-8**

**3. Mailing Address**  
**11576 Pierson Rd**  
**Suite, Apt. #, etc. Suite K-8**

**City & State**  
**Wellington, FL**

**City & State**  
**Wellington, FL**

**4. FEI Number** **65-0650556**

**Applied For**  
**Not Applicable**

**Zip** **33414** **Country** **USA**

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**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, PAUL**  
**3460 FAIRLANE FARMS ROAD**  
**STE 13**  
**WELLINGTON FL 33414**

**Name** **Paul Rosen**  
**Street Address (P.O. Box Number is Not Acceptable)** **11576 Pierson Rd- ste K-8**  
**City** **Wellington** **FL** **Zip Code** **33414**

**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** *Paul Rosen* **PAUL ROSEN** **4-18-02**  
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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROSEN, HARRY M</b>	
<b>STREET ADDRESS</b>	<b>2500 WESTON RD STE 220</b>	
<b>CITY-ST-ZIP</b>	<b>WESTON FL 33331</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROSEN, PAUL</b>	
<b>STREET ADDRESS</b>	<b>3460 FAIRLANE FARMS RD #13</b>	
<b>CITY-ST-ZIP</b>	<b>WELLINGTON FL 33414</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROSEN, FLOYD L</b>	
<b>STREET ADDRESS</b>	<b>7240 SW 60 STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33143</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROSEN, RONALD</b>	
<b>STREET ADDRESS</b>	<b>4000 HOLLYWOOD BLVD SUITE 725-5</b>	
<b>CITY-ST-ZIP</b>	<b>HOLLYWOOD FL 33021</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Paul Rosen</b>	
<b>STREET ADDRESS</b>	<b>11576 Pierson Rd- ste K-8</b>	
<b>CITY-ST-ZIP</b>	<b>Wellington, FL 33414</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** *Paul Rosen* **PAUL ROSEN** **4-18-02** **561-790-7453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)