

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90086 020 ***158.75

DOCUMENT # P96000032986

1. Entity Name

ROSEN BUILDING SUPPLIES, INC.

Principal Place of Business

5100 NW 9TH AVE.
FT. LAUDERDALE FL 33309
US

Mailing Address

5100 NW 9TH AVE.
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

3511 Commercial Blvd
#304
Ft. Lauderdale
33309
USA

3. Mailing Address

3511 Commercial Blvd
#304
Ft. Lauderdale
33309
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0664660** Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

DREW ROSEN
3115 MARY ST. #A
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5045 Lake Point Place
 City **Dave** State **FL** Zip Code **33309**

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) ☐

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 | PST | <input type="checkbox"/> Delete |
| NAME | ROSEN, DREW | |
| STREET ADDRESS | 5100 N.W. 9TH AVE. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | TIM CZENCZ | |
| STREET ADDRESS | 5100 N.W. 9TH AVE. | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | AVP | <input type="checkbox"/> Delete |
| NAME | NOLAND, ROB | |
| STREET ADDRESS | 5100 NW 9TH AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02
(954) 735-6900

CR2E034 (9/01)