

2000 UNIFORM BUSINESS REPORT (UBR)

16F2

DOCUMENT # P96000076250

1. Entity Name
PAUL ROSEN, P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 AM 7:55

Principal Place of Business: 9685 ARBOR VIEW DR, BOYNTON BEACH FL 33437
Mailing Address: 9685 ARBOR VIEW DR, BOYNTON BEACH FL 33437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0699320
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -
ROSEN, PAUL
9685 ARBOR VIEW DR
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, PAUL 9685 ARBORVIEW DR BOYNTON BEACH FL 33437 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003344586--1 -08/02/00--01011--023 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Paul Rosen Date: 8/7/28 Daytime Phone #: 561 369-3309

CRZE034 (5/00)

PAUL ROSEN, P.A.

9685 Arbor View Drive
Boynton Beach, FL. 33437

Phone: (561) 369-3309 Fax: (561) 369-5633

July 13, 2000

Florida Department of State
Annual Reports Filings
Division of Corporations
P.O. BOX 6327
Tallahassee, FL. 32314

Re: Paul Rosen, P.A.
Doc. # P96000076250

Dear Sirs:

The above named corporation had filed originally filed it's Uniform Business Report on April 23, 2000. When we realized that the original check hadn't cleared (check # 490, dated April 23, 2000), we were told that there might be a lag in processing the report, so we were not alarmed that the check hadn't cleared in May. Unfortunately, we just received a notice which indicates no filings had been received by your office.

We called and were instructed to explain this in a letter and to re-file the form. We have enclosed a check for \$150.00 and have filled out the most recent form which you sent to us. Please contact us if you require any additional information.

We hope this letter is sufficient to accept the lower fee. Your cooperation and understanding in regards to this situation is greatly appreciated.

If your office needs any other information, we will furnish it as quickly as possible.

Very truly yours,



Paul Rosen, President
Paul Rosen, P.A.