

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2001 8:00 am
Secretary of State

07-16-2001 90001 032 ***150.00

4038304 AV

DOCUMENT # P96000076250

1. Entity Name
PAUL ROSEN, P.A.

LA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0699320		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROSEN, PAUL 9685 ARBOR VIEW DR BOYNTON BEACH FL 33437				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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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 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* **SIGNATURE REQUIRED** *7/16/01* **561 369-3309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment
A007369

PAUL ROSEN, P.A.

9685 Arbor View Drive
Boynton Beach, FL 33437
Phone: (561) 369-3309
Fax: (561)369-5633

July 6, 2001

Florida Dept of State
Annual Report Filings
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

Re: Paul Rosen P.A.
Doc. #96000076250

Dear Sirs:

This corporation filed it's Uniform Business Report on April 19, 2001. In June, we noticed that my original check #1026 dated April 19, 2001, had not cleared my bank. We called your office and were advised that there might be a lag in processing the report and we should not be alarmed about it. Unfortunately, we have just received a notice which indicates that no filing had been received by your office.

Upon receipt of this notice, we again called and were instructed by you to write and explain this situation in a letter, and to re-file the form. We have enclosed a new check for \$150.00 and have filled out the most recent form which we just received. We hope this letter is sufficient to accept the lower fee. Your cooperation and understanding in regards to this situation is greatly appreciated.

If you office needs any further information, we will furnish it as quickly as possible.

Very truly yours,



Paul Rosen, President
Paul Rosen, P.A.