

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093272

1. Entity Name

ROSE CONSTRUCTION GROUP, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90058 022 \*\*\*550.00

Principal Place of Business

7000 S.W. 22ND COURT  
 SUITE 143  
 DAVIE FL 33317

Mailing Address

7000 S.W. 22ND COURT  
 SUITE 143  
 DAVIE FL 33317

2. Principal Place of Business

1700 N.W. 119 AVE  
 Suite, Apt. #, etc.

3. Mailing Address

SAME  
 Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

Zip  
 33026

Country  
 US

Zip

Country

4. FEI Number

65-0791923

Applied For

Not Applicable

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

CORPORATE ACCESS, INC.  
 1116-D THOMASVILLE RD.  
 TALLAHASSEE FL 32303

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
 NAME D  
 STREET ADDRESS MASTRODICASA, RICHARD  
 CITY-ST-ZIP 7000 S.W. 22ND COURT  
 DAVIE FL 33317

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS ZERMIGON, FLORENTINO  
 CITY-ST-ZIP 1700 NW 119TH AVE  
 PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

954-325-4408

Daytime Phone #