

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90117 007 ***150.00

DOCUMENT # P98000035447

1. Entity Name
DANIEL ROSE, INC.

Principal Place of Business 821 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33334	Mailing Address 821 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33334-2752
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **68-0831653** Applied For
 Not Applied For
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PERLOW, JEFFREY M
C/O JEFFREY M. PERLOW & ASSOCIATES, P.A.
1820 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name **DANIEL ROSE**
 Street Address (P.O. Box Number is Not Acceptable) **821 EAST OAKLAND PARK BLVD**
 City **LAUDERDALE** FL Zip Code **33334**

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 *Daniel Rose* (NOTE: Registered Agent signature required when reinstating) DATE 1-20-2000

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, 2000 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, DANIEL 821 EAST OAKLAND PARK BLVD FORT LAUDERDALE FL 33344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSE, ALAN 1000 ST CHARLES PL, #712 PEMBROKE PINES FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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: *Daniel Rose* DATE 1-20-2000 DAYTIME PHONE # 954-630-0790

DANIEL ROSE, PRESIDENT