


**80123331**

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

|   |                           |                                 |  |   |                                   |
|---|---------------------------|---------------------------------|--|---|-----------------------------------|
| <b>DOCUMENT # P98000035447</b>  |                           |                                 |  |  |                                   |
| 1. Entity Name<br><b>DANIEL ROSE, INC.</b>  |                           |                                 |  |   |                                   |
| Principal Place of Business<br>1520 E COMMERCIAL BLVD<br>FORT LAUDERDALE, FL 33334  |                           |                                 | Mailing Address<br>1520 E COMMERCIAL BLVD<br>FORT LAUDERDALE, FL 33334                                       |   |                                   |
| 2. Principal Place of Business  |                           |                                 | 3. Mailing Address   |   |                                   |
| Suite, Apt. #, etc.   |                           |                                 | Suite, Apt. #, etc.  |   |                                   |
| City & State  |                           |                                 | City & State   |   |                                   |
| Zip   |                           | Country                         |  | Zip   |                                   |
|   |                           |                                 |  |   |                                   |
| 4. FEI Number<br><b>68-0831653</b>  |                           |                                 |  | Applied For<br>Not Applicable   |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                           |                                 |  | Additional Fee Required<br><b>\$8.75</b>  |                                   |
| 6. Name and Address of Current Registered Agent   |                           |                                 | 7. Name and Address of New Registered Agent  |   |                                   |
| ROSE, DANIEL<br>1520 E COMMERCIAL BLVD<br>FORT LAUDERDALE, FL 33334   |                           |                                 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.   |                           |                                 |  |   |                                   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when existing) DATE _____  |                           |                                 |  |   |                                   |
| FILE NOW WITH FEES IS \$150.00<br>After May 15, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State.   |                           |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |                                   |
| 10. OFFICERS AND DIRECTORS  |                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                                   |
| TITLE   | P                         | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | ROSE, DANIEL              |                                 | NAME   |   |                                   |
| STREET ADDRESS  | 1520 E COMMERCIAL BLVD    |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | FORT LAUDERDALE, FL 33334 |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE   | VP                        | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | ROSE, ALAN                |                                 | NAME   |   |                                   |
| STREET ADDRESS  | 1000 ST CHARLES PL., #712 |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | PEMBROKE PINES, FL 33026  |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME   |   |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME   |   |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME   |   |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP  |   |                                   |
| TITLE   |                           | <input type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                           |                                 | NAME   |   |                                   |
| STREET ADDRESS  |                           |                                 | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                           |                                 | CITY-ST-ZIP  |   |                                   |
| 12. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with full power to be empowered. |                           |                                 |  |   |                                   |
| SIGNATURE: <i>Daniel Rose</i>   |                           |                                 | Daniel Rose<br>PRESIDENT 6-3-03  |   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                           |                                 | Date   |   |                                   |

CR2E034 (10/02)