

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

099 0000 58574

Rose Zoo Inc

FILED

02 NOV 18 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1757 SW 108 way

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

DAVE

City & State

Zip

USA

City & State

Zip

USA

4. FEI Number

651002219

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Leon Meiv

Street Address (P.O. Box Number is Not Acceptable)

1757 SW 108 way

DAVE

City

FL

Zip Code 33324

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IN THIS SPACE

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

Leon Meiv

11/14/02

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	President
NAME	Leon Meiv
STREET ADDRESS	1757 SW 108 way DAVE
CITY-ST-ZIP	33324
TITLE	Rose Meiv
NAME	Treasurer
STREET ADDRESS	3801 S Ocean Blvd Apt 4K
CITY-ST-ZIP	Hollywood FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon Meiv

11/14/02 459681359

Date

Daytime Phone #

11/21

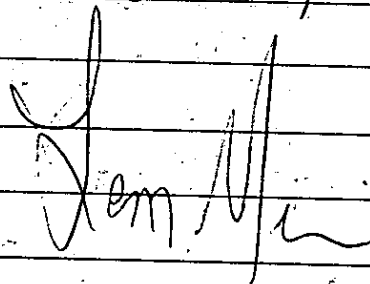
11/14/02

To whom it may concern.

My Name is Leon Meir Tam President
of Rose 2000 Inc Fei # 650973229

I was unable to submit my
Annual Report to due Relocation, and not
receiving the original Report, My previous
Address was 1991 Veracruz Ln, Weston FL 33327
My New Address is 1757 SW 108 Way Dade FL 33324
Please reinstate and waive the dissolution fee
Here is a check in the Amount for original Filing
\$150.⁰⁰

Sincerely



Leon Meir