

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079874

1. Entity Name  
ROSRAC INC.

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90001 020 \*\*\*550.00

Principal Place of Business  
1499 WEST PALMETTO PARK ROAD #412  
BOCA RATON FL 33486

Mailing Address  
1499 WEST PALMETTO PARK ROAD #412  
BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
17992 Foxborough Lane

3. Mailing Address  
17992 Foxborough Lane

Suite, Apt. #, etc.

City & State  
BOCA RATON FL.

City & State  
BOCA RATON, FL.

Zip  
33496

Country  
Palm Beach

Zip  
33496

Country  
Palm Beach

4. FEI Number  
65-0953184

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent  
Name  
JERALD A. GOLDSTEIN, Attorney at Law  
Street Address (P.O. Box Number is Not Acceptable)  
1499 West Palmetto Park Rd  
Suite # 412  
City BOCA RATON FL 33496

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 9-11-2000

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)

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	PSTD	<input type="checkbox"/> Delete	TITLE	RESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDE, PETER		NAME	Susan LANDE	
STREET ADDRESS	1499 WEST PALMETTO PARK ROAD #412		STREET ADDRESS	17992 Foxborough Lane	
CITY-ST-ZIP	BOCA RATON FL 33486		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	PETER LANDE	
STREET ADDRESS			STREET ADDRESS	17992 Foxborough Lane	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33496	
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		

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

9/10/00 561-706-8177

Date Daytime Phone #

CR2E034 (5/00)