

2001 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Sep 06, 2001 8:00 am
Secretary of State

06-27-2001 90290 025 ***150.00

DOCUMENT # P99000103105

1. Entity Name

Appu-Rosen Marketing, Inc.

Principal Place of Business

Mailing Address

8211 W. Broward Blvd.
 Suite 200
 Plantation, FL 33324

(same)

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

05-1133937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Murdoch, Robert E.
 790 E. Broward Blvd.
 Suite 400
 Fort Lauderdale, FL 33301

Name Paul E. Rosen

Street Address (P.O. Box Number is Not Acceptable)
 8211 W. Broward Blvd.

Suite 200

City Plantation

FL

Zip Code 33324

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  (Paul E. Rosen)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

6/28/01

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, 2001, 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	D <input type="checkbox"/> Delete
NAME	Rosen, Paul Eric
STREET ADDRESS	8211 W. Broward Blvd. Ste.200
CITY-ST-ZIP	Plantation, FL 33324
TITLE	D <input type="checkbox"/> Delete
NAME	Appugliesi, Fabrizio
STREET ADDRESS	8211 W. Broward Blvd. Ste.200
CITY-ST-ZIP	Plantation, FL 33324
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Rosen

6/21/01

954-423-8362

Fabrizio Appugliesi

CR2E034 (11/00)



Attached
999 000/03/05
[Redacted]

12068

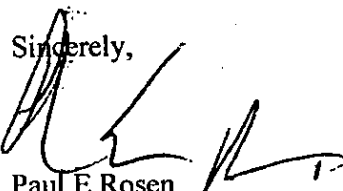
June 21, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed you will find the Uniform Business Report for Appu-Rosen Marketing, Inc. along with a check for \$150.00. As per my telephone conversation with Division of Corporations, this letter is to inform you that the UBR along with payment are filed late due to no renewal notification received. The mailing address on the report is correct for your records. Thank you for your help.

Sincerely,


Paul E Rosen
Managing Partner


Fabio Appugliesi
Managing Partner

Developers of Esplanade on the New River

202 Himmarshee Street • Suite A • Fort Lauderdale, FL 33301 • Phone: 954.760.4009 • Fax: 954.522.9933

Attachment 12068 #P99 000103105

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN **15-133937**

OMB No. 1545-0003

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) APPV-ROSEN MARKETING, INC.		
2 Trade name of business (if different from name on line 1)	3 "Executor, trustee, "care of" name	
4a Mailing address (street address) (room, apt., or suite no.) 8211 WES BROWARD BLVD, SUITE 200	5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code PANLATION, FL 33324	5b City, state, and ZIP code	
6 County and state where principal business is located BROWARD COUNTY, FL		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► PAUL ERIC ROSEN		

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ►
- Other (specify) ►
- Estate (SSN of decedent)
- Personal service corp.
- National Guard
- Farmers' cooperative
- Trust
- Federal government/military
- Other corporation (specify) ► **S Corp**
- Plan administrator (SSN)
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ► **Construction**
- Banking purpose (specify purpose) ►
- Changed type of organization (specify new type) ►
- Purchased going business
- Created a trust (specify type) ►
- Other (specify) ►
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions) **FEB 2000** 11 Closing month of accounting year (see instructions) **DEC**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ► **LEASING SPACE**

15 Is the principal business activity manufacturing? Yes No

16 To whom are most of the products or services sold? Please check one box. Business (wholesale) Public (retail) Other (specify) ► **N/A**

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Business telephone number (include area code) **(954) 423-8362**

Name and title (Please type or print clearly) ► **PAUL ERIC ROSEN, PRESIDENT** Fax telephone number (include area code) **(954) 252-3733**

Signature ► **[Signature]** Date ► **8/16/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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