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

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Jan 13, 2003 8:00 am		
1. Entity Na	JMENT # \$2726 ame OSEN, INC.	43				Secretary 01-13-2003 90348		
Principal Place of Business 371 S. HOLLYBROOK DR. #308 PEMBROKE PINES FL 33025		Mailing Address 371 S. HOLLYBROOK DR. #308 PEMBROKE PINES FL 33025						
	Place of Business	3. Mailing Ad						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State	)		4.	FEI Number <b>65-0239775</b>		Applied For
Zip	Country	Zip	Cou	intry	5.	Certificate of Status Desired		Not Applicable  Additional
	6. Name and Address of Current	Registered Ager	ıt	Name	7	Name and Address of New Registers	d Agent	med
ROSEN, SHELVIN					ress (P.O. E	Box Number is Not Acceptable)		<del>-</del>
371 S. HOLLYBROOK DR. #308				<u> </u>				
PEMBROKE PINES FL 33025				City			Zip C	ode
8. The above	e named entity submits this statement for the st	r the purpose of c	hanging its registe	red office or reg	gistered ag	ent, or both, in the State of Florida. I ar	_ '	
SIGNATURE	Abelon	Rose						
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Register	ed Agent signature re	equired when re	einstating) DATE		
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	State		•	•	Election Campaign Financing     Trust Fund Contribution.	□ <b>\$5</b>	.00 May Be led to Fees
10.	OFFICERS AND	DIRECTORS	11.		AD. AD	L DITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	PRS IN 11
NAME	P ROSEN, SHELVIN		Delete TITL	E Y			☐ Change	
STREET ADDRESS CITY-ST-ZIP	371 S. HOLLYBROOK DR PEMBROKE PINES FL			EET ADDRESS (-ST-ZIP		ı		
TITLE NAME			Delete TITL				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRE	EET ADDRESS '-ST-ZIP				
TITLE			Děletě TITU	1			— [ Change	- Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS				ı
TITLE NAME			Delete TITLE	-ST-ZIP		<u> </u>	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				E et address - St-zip				
TITLE NAME STREET ADDRESS			Delete TITLE				☐ Change	☐ Addition
CITY-ST-ZIP			CITY-	ET ADDRESS ST-ZIP				
NAME		0 🗆	NAME				☐ Change	☐ Addition
STREET ADDRESS			STREE	T ADDRESS				1

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

YME-PROMINED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #