

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90254 005 \*\*\*150.00

**DOCUMENT # S46051**

1. Entity Name  
**BLACK LACE INVESTMENTS, INC.**



Principal Place of Business  
**150 SE 2ND AVE  
STE 1200  
MIAMI FL 33131**

Mailing Address  
**150 SE 2ND AVE  
STE 1200  
MIAMI FL 33131**

**90002546**



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 **65-0255566**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, BORIS  
150 SE 2ND AVENUE  
STE 1200  
MIAMI FL 33131**

Name

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

City

**FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS ROSEN, BORIS 150 SE 2ND AVENUE STE 1200 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSEN, SAUL J.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>150 S.E 2ND AVENUE, SUITE 1200 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT ROSEN, JEANNE 150 SE 2ND AVENUE STE 1200 MIAMI FL 33131</b> <input type="checkbox"/> Delete	TITLE <b>D</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ROSEN, KENNETH E.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>150 S.E. 2nd AVENUE, SUITE 1200 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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, trustee or 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.

SIGNATURE: **SIGNATURE REQUIRED BORIS ROSEN, PRESIDENT**

**1-10-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)