

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90382 050 ***150.00

DOCUMENT # V00558

1. Entity Name
ROSEN & BAKER ASSOCIATES, INC.

Principal Place of Business

~~2800 BISCAYNE BLVD
SIXTH FLOOR
MIAMI FL 33137
US~~

Mailing Address

2800 BISCAYNE BLVD
SIXTH FLOOR
MIAMI FL 33137
US

2. Principal Place of Business

4500 Biscayne Blvd.
Suite, Apt. #, etc.
104

3. Mailing Address

Suite, Apt. #, etc. **SAME**

City & State

Miami, Florida

City & State

4. FEI Number **65-0308883**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~DULBERG, ROBERT A.
100 SE 2 ST
21ST FLOOR
MIAMI FL 33131~~

Name

Richard Rosen

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

4500 Biscayne Blvd. #104

City

Miami

FL

Zip Code

33137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jerome T. Baker, Treasurer

3-26-01

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, RICHARD	
STREET ADDRESS	3930 NE 2 AVE #204	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JEROME	
STREET ADDRESS	3930 NE 2 AVE #204	
CITY-ST-ZIP	MIAMI FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4500 Biscayne Blvd. #104	
STREET ADDRESS	Miami, FL 33137	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4500 Biscayne Blvd. #104	
STREET ADDRESS	Miami, FL 33137	
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		
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 an address, with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jerome T. Baker, Treasurer

3-26-01

315-576-0444

CR2E034 (10/00)