

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90205 035 \*\*\*150.00

**DOCUMENT # 521738**

1. Entity Name  
**PACKMAN, NEUWAHL & ROSENBERG, P.A.**

Principal Place of Business	Mailing Address
1500 SAN REMO AVE. #125 CORAL GABLES FL 33146	1500 SAN REMO AVE. #125 CORAL GABLES FL 33146-3041



DO NOT WRITE IN THIS SPACE

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	59-1712820	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NEUWAHL, MALCOLM H**  
**1500 SAN REMO AVE**  
**STE 125**  
**CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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, 2000 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		
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GINSBURG, DENNIS	
STREET ADDRESS	1500 SAN REMO AVE #125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROSENBERG, MICHAEL	
STREET ADDRESS	1500 SAN REMO AVE, #125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DSP	<input type="checkbox"/> Delete
NAME	NEUWAHL, MALCOLM H	
STREET ADDRESS	1500 SAN REMO AVE, #125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STAMEN, ROBERT A	
STREET ADDRESS	1500 SAN REMO AVE #125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHARE, LESLIE A	
STREET ADDRESS	1500 SAN REMO AVE #125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINKELMAN, JACK	
STREET ADDRESS	1500 SAN REMO AVE. #125	
CITY-ST-ZIP	CORAL GABLES FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
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 like empowered.

SIGNATURE: Leslie A. Share Date: 1/11/2000 Daytime Phone #: (305) 665-3311

CR2E034 (9/99)