

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91772 003 \*\*\*\*61.25

**DOCUMENT # 709071**

1. Entity Name

**EQUALITY HOUSE, INC.**

Principal Place of Business

Mailing Address

901 10TH ST #10  
 MIAMI BCH FL 33139  
 US

901 10TH ST #10  
 MIAMI BCH FL 33139  
 US

**80118298**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #10

Suite, Apt. #, etc. #10

City & State

City & State

4. FEI Number

**59-1002638**

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

~~GERSLIN, JOHN~~  
~~3325 FRANKLIN AVENUE~~  
~~COCONUT GROVE FL 33133~~

Name **ROBERT ROSENFELD**

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

**8025 CRESPI BLVD.**

City **MIAMI BEACH**

**FL**

Zip Code **33141**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE **SD** ☐ Delete  
 NAME **ROSADIO, ADRIANA**  
 STREET ADDRESS **901 10ST, #7**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **PD** ☒ Delete  
 NAME **GESSLER, JOHN**  
 STREET ADDRESS **3325 FRANKLIN AVENUE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **D** ☒ Delete  
 NAME **HALBER, SANFORD**  
 STREET ADDRESS **901 10 ST #10**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ Delete  
 NAME **TISA, KENNETH B**  
 STREET ADDRESS **901 10 ST #1**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VD** ☐ Delete  
 NAME **DIB, DELIA**  
 STREET ADDRESS **901 10 ST #9**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **PD ROBERT ROSENFELD**  
 STREET ADDRESS **8025 CRESPI BLVD.**  
 CITY-ST-ZIP **MB FL 33141**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 617, 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:

**ROBERT ROSENFELD**

**4-22-02 305-318-5247**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)