

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90081 003 ***150.00

DOCUMENT # V41600**1. Entity Name**
ROGER INVESTMENT SERVICES, INC.**Principal Place of Business**% MILTENBERG
3802 N.E. 207 STREET, SUITE 1002
AVENTURA FL 33180**Mailing Address**% MILTENBERG
3802 N.E. 207 STREET, SUITE 1002
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0338514

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**FELUREN, MARK
WALDMAN & FELMEN PA
ONE FINANCIAL PLAZA, SUITE 1500
FT. LAUDERDALE FL 33394**7. Name and Address of New Registered Agent**

Name

Mark S. Feluren

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

2200 N. Commerce Parkway, Suite 202

City
Weston

FL

Zip Code
33326**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

MARK S. FELUREN

1-22-02

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

(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MILTENBERG, ALISSA
269 NW 101ST ST
PLANTATION FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MILTENBERG, BRUCE
3802 N.E. 207 STREET, SUITE 1002
AVENTURA FL 33183 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MILTENBERG, ANDREW
245 FIFTH AVE 901
NEW YORK NY ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**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:**

Bruce Miltenberg 1/21/02 (305)937-5175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)