

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 209267

1. Entity Name

ROTHMAN GROUP, INC

HC
FLP
4/18/00
Mam

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91119 048 ***150.00

Principal Place of Business

Mailing Address

8740 SW 133 ST
MIAMI, FL 33176

8740 SW 133 ST
MIAMI FL 33176

C0058403

2. Principal Place of Business

3. Mailing Address

157 E BAYRIDGE DR

157 E BAYRIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON FL

4. FEI Number

59-0824954

Applied For

Not Applicable

Zip

33326

Country

Zip

33326

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

ROTHMAN, JOSEPH
12950 SW 4th CT #H-101
Pembroke Pines, FL 33027

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

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, 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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS STANLEY ROTHMAN
CITY-ST-ZIP 914 STANTON DR
WESTON, FL 33326

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

TITLE ☐ Delete
NAME VICE PRESIDENT
STREET ADDRESS CHARLES ROTHMAN
CITY-ST-ZIP 157 E BAYRIDGE DR
WESTON, FL 33326

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)