

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 500820

1. Entity Name

PENN-MADE PRODUCTS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90135 006 ***150.00

Principal Place of Business

Mailing Address

~~1007 N.W. 1ST COURT~~
HALLANDALE FL 33009

~~1007 N.W. 1ST COURT~~
HALLANDALE FL 33009-3903

2. Principal Place of Business

311 W. ANSIN BLVD.

Suite, Apt. #, etc.

3. Mailing Address

311 W. ANSIN BLVD.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

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

Name

Charles M. Rosenberg

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

311 W. ANSIN BLVD.

City

Hallandale Fla.

FL

Zip Code

33009

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

Charles M. Rosenberg

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

(NOTE: Registered Agent signature required when reinstating)

4/17/00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SERNAKER, DANIEL D.
STREET ADDRESS ~~5204 WHITE OAK LANE~~
CITY-ST-ZIP ~~TAMARAC FL~~

☐ Delete

TITLE VD
NAME SERNAKER, ETHEL P.
STREET ADDRESS ~~5204 WHITE OAK LANE~~
CITY-ST-ZIP ~~TAMARAC FL~~

☐ Delete

TITLE D
NAME ROSENBERG, CHARLES M.
STREET ADDRESS 2533 EAGLE RUN DR
CITY-ST-ZIP WESTON FL

☐ Delete

TITLE S
NAME ROSENBERG GAYLE S
STREET ADDRESS 2533 EAGLE RVN DR
CITY-ST-ZIP WESTON FL 33327

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS 311 W. ANSIN BLVD.
CITY-ST-ZIP Hallandale Fla. 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 311 W. ANSIN BLVD.
CITY-ST-ZIP Hallandale Fla. 33009

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 the empowered.

SIGNATURE:

Charles M. Rosenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000
Date

954-454-2191
Daytime Phone #

CR2E034 (9/99)