

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90059 031 ***150.00

DOCUMENT # 500820
 1. Entity Name
PENN-MADE PRODUCTS, INC.

Principal Place of Business Mailing Address
311 W ANSIN BLVD 1087 NW 1st Court **311 W ANSIN BLVD**
HALLANDALE FL 33009 Hallandale, FL **HALLANDALE FL 33009**
33009

2. Principal Place of Business 3. Mailing Address
1087 NW 1st Court **1087 N.W. 1st Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Hallandale, FL **Hallandale, FL**
 Zip Country Zip Country
33009 **USA** **33009** **USA**

4. FEI Number **NOT APPLICABLE** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSENBEY, CHARLES M
311 W ANSIN BLVD
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name **Charles M. Rosenberg**
 Street Address (P.O. Box Number is Not Acceptable)
1087 NW 1st Court
 City **Hallandale** **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERNAKER, DANIEL D.		NAME	Sernaker, Danie D	
STREET ADDRESS	311 W ANSIN BLVD		STREET ADDRESS	1087 NW 1st Court	
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERNAKER, ETHEL P.		NAME	Sernaker, Ethel P	
STREET ADDRESS	311 W ANSIN BLVD.		STREET ADDRESS	1087 NW 1st Court	
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, CHARLES M.		NAME	Rosenberg, Charles M	
STREET ADDRESS	2533 EAGLE RUN DR		STREET ADDRESS	1087 NW 1st Court	
CITY-ST-ZIP	WESTON FL		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG GAYLE S		NAME	Rosenberg, Gayle S	
STREET ADDRESS	2533 EAGLE RVN DR		STREET ADDRESS	1087 N.W. 1st Court	
CITY-ST-ZIP	WESTON FL 33327		CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Gayle S Rosenberg** **Gayle S Rosenberg** **3/16/01** **954-454-2191**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)