

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 560597

1. Entity Name

PHALS PRINTING CENTER, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90178 010 ***150.00

Principal Place of Business

Mailing Address

% ALVIN ROSENBERG
1420 S. FEDERAL HWY.
DEERFIELD BEACH, FLORIDA 33441

% ALVIN ROSENBERG
1420 S. FEDERAL HWY.
DEERFIELD BEACH, FLORIDA 33441-7223

2. Principal Place of Business

3. Mailing Address

6130 BRECKENRIDGE CI

6310 BRECKENRIDGE CI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

59-1788391

Applied For

Not Applicable

Zip

33467

Country

PALE BEACH

Zip

33467

Country

PALE BEACH

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

ROSENBERG, ALVIN
6310 BRECKENRIDGE CIRCLE
LAKE WORTH FL 33467

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, 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 ROSENBERG, ALVIN
STREET ADDRESS 6310 BRECKENRIDGE CIRCLE
CITY-ST-ZIP LAKEWORTH FL 33467 ☐ Delete

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

TITLE STD
NAME ROSENBERG, PHYLLIS
STREET ADDRESS 6310 BRECKENRIDGE CIRCLE
CITY-ST-ZIP LAKEWORTH FL 3467 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 like empowered.

SIGNATURE:

Alvin Rosenberg

ALVIN ROSENBERG

2/3/2000

561-641-6486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)