

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603529

1. Entity Name

ROSENTHAL & KANE, M.D., P.A.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90305 019 \*\*\*150.00

Principal Place of Business

4601 SHERIDAN ST  
STE 400  
HOLLYWOOD FL 33021  
US

Mailing Address

4601 SHERIDAN ST  
STE 400  
HOLLYWOOD FL 33021  
US

2. Principal Place of Business

100 NW 170 ST

Suite, Apt. #, etc.

203

City & State

North Miami Beach FL

Zip

33169

Country

USA

3. Mailing Address

4620 N state Rd 7

Suite, Apt. #, etc.

Big H Suite 316

City & State

Lauderdale Lakes FL

Zip

33319

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1398951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUSHNER, GERSON  
666 71 ST  
MIAMI FL 33141

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME ROSENTHAL, STANLEY D  
STREET ADDRESS 100 NW 170 STREET SUITE 203  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE VPD ☐ Delete  
NAME KANE, MURRAY L  
STREET ADDRESS 100 NW 170 STREET SUITE 203  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE S ☒ Delete  
NAME GRAND'BOIS LILIANE  
STREET ADDRESS 100 NW 170 STREET SUITE 203  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
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

4/18/01

Date

Daytime Phone #

CR2E034 (10/00)