

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

0130803 AT

DOCUMENT # F00000002511

1. Entity Name
FNP-WEST PALM BEACH, INC.

07-19-2001 90234 005 ***550.00

Principal Place of Business

**1535 NORTH DAYTON
 CHICAGO IL 60622**

Mailing Address

**1535 NORTH DAYTON
 CHICAGO IL 60622**

2. Principal Place of Business

**700 S. Rosemary Ave
 Suite, Apt. #, etc.
 102**

3. Mailing Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4361727**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **ROSENSTEIN, STEVEN J**
 STREET ADDRESS **1535 NORTH DAYTON**
 CITY-ST-ZIP **CHICAGO IL 60622**

TITLE **VSTD** ☐ Delete
 NAME **ROSENSTEIN, STEVEN J**
 STREET ADDRESS **1535 NORTH DAYTON**
 CITY-ST-ZIP **CHICAGO IL 60622**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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

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 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
Steven J. Rosenstein

Date **7/19/01**

Daytime Phone # **(312) 255-8866**

CR2E034 (5/01)