## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F70191** Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** ROSENBLUM, OLIVER & ALMAN, P.A. 01-28-2000 90195 019 \*\*\*150.00 Principal Place of Business Mailing Address % TERRY M ROSENBLUM, ESO. % Terry M rosenblum. Eso. SUITE 401, 2450 HOLLYWOOD BLVD. SUITE 401, 2450 HOLLYWOOD BLVD. HOLLYWOOD FL 33020-6625 HOLLYWOOD FL 33020-6616 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2190532 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBLUM, TERRY M., ESQ. Street Address (P.O. Box Number is Not Acceptable) SUITE 401, 2450 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete ROSENBLUM, TERRY M NAME NAME STREET ADDRESS STREET ADDRESS 2450 HOLLYWOOD BLVD #401 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD, FL 00000 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-716 13. I hereby certify that the information supplied with this filling 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 logal 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 in of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowered. tatutes; and that my name appears in Block 11 or Block 12 if