## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # F73999** THE MARSHAL E. ROSENBERG ORGANIZATION, INC. 01-29-2001 90115 009 \*\*\*158.75 Principal Place of Business Mailing Address ONE SOUTHEAST THIRD AVENUE ONE SOUTHEAST THIRD AVENUE SUITE 3050 SUITE 3050 80011592 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2179788 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENBERG, DONALD S. Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE **SUITE 3050 MIAMI FL 33131** Zip Code FL 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Delete Change ☐ Addition TITLE TITLE ROSENBERG, MARSHAL E PH.D. NAME NAME 11 OSPREY LANE - OCEAN REEF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change □ Delete TITLE ☐ Addition NAME ROSENBERG, DONALD S. NAME STREET ADDRESS ONE S.E. 3RD AVE.,STE 3050 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. MIAMI FL 33131 ☐ Addition TITL F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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.

SIGNING OFFICER OR DIRECTO

SIGNATURE: