**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 31, 2002 8:00 am Secretary of State F73999 DOCUMENT # 1. Entity Name THE MARSHAL E. ROSENBERG ORGANIZATION, INC. 01-31-2002 90126 036 \*\*\*158.75 Principal Place of Business Mailing Address ONE SOUTHEAST THIRD AVENUE ONE SOUTHEAST THIRD AVENUE **SUITE 3050 SUITE 3050 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 Régistered Agent ROSENBERG, DONALD S. Street Address (P.O. Box Number is Not Acceptable) ONE SOUTHEAST THIRD AVENUE **SUITE 3050 MIAMI FL 33131** Zip Code City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. TITLE ☐ Delete TITLE ☐ Addition ROSENBERG, MARSHAL E PH.D. NAME NAME STREET ADDRESS 11 OSPREY LANE - OCEAN REEF STREET ADDRESS KEY LARGO FL 33037 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete ROSENBERG, DONALD S. NAME NAME STREET ADDRESS ONE S.E. 3RD AVE., STE 3050 STREET ADDRESS CITY-ST-ZIE MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change \_\_ Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8.02

D. KOSEN REAL Daytime Phone #