

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90002 018 ***550.00

0081871 AV

DOCUMENT # F97000004390

1. Entity Name

ROSENBAUM-CUNNINGHAM INTERNATIONAL, INC.

Principal Place of Business

**205 WORTH AVE #307J
 PALM BEACH FL 33480**

Mailing Address

**205 WORTH AVE #307J
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

P O Box 161563

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs FL

Zip

Country

Zip

Country

32716

USA

4. FEI Number

65-0770120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUNNINGHAM, E. SCOTT
 205 WORTH AVE #307J
 PALM BEACH FL 33480**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 ROSENBAUM, RICHARD
 205 WORTH AVE #307J
 PALM BEACH FL 33480** ☐ Delete

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

TITLE
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**STD
 CUNNINGHAM, SCOTT
 205 WORTH AVE #307J
 PALM BEACH FL 33480** ☐ Delete

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☐ Change ☐ Addition

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/01 (561)659-6002
 Date Daytime Phone #

CR2E034 (5/01)