

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90128 031 ***150.00

DOCUMENT # G08727

1. Entity Name
ROLLNICK & LINDEN, P.A.



Principal Place of Business
**133 SEVILLA AVE.
CORAL GABLES FL 33134**

Mailing Address
**133 SEVILLA AVE.
CORAL GABLES FL 33134**

2. Principal Place of Business
c/o Neil Rollnick

3. Mailing Address
c/o Neil Rollnick

Suite, Apt. #, etc.
2601 South Bayshore Drive

Suite, Apt. #, etc.
2601 South Bayshore Drive

City & State **Suite 1600
Miami, FL 33133**

City & State **Suite 1600
Miami, FL 33133**

Zip Country
33133 USA

Zip Country
33133 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2234836**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROLLNICK, NEIL S., ESQ.
133 SEVILLA AVE.
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2601 South Bayshore Drive

Suite 1600

City
Miami

FL

Zip Code
33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ROLLNICK, NEIL S. ESQ.**
STREET ADDRESS **133 SEVILLA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ Delete
NAME **LINDEN, NEIL P.**
STREET ADDRESS **133 SEVILLA AVE.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2601 South Bayshore Drive, Suite 1600**
CITY-ST-ZIP **Miami, FL 33133**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2601 South Bayshore Drive, Suite 1600**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Rollnick, Esq.

March 8, 2003 (305) 858-5555

Date

Daytime Phone #

CR2E034 (10/02)