

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90009 042 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H51093

1. Entry Name

ROLLING THUNDER REALTY COMPANY

Principal Place of Business

420 LINCOLN RD
Suite 512
Miami Beach, FL
33139

Mailing Address

420 Lincoln RD
Suite 512
Miami Beach, FL
33139

C0060309

2. Principal Place of Business

800 West Avenue

3. Mailing Address

800 West Avenue

Suite, Apt. #, etc.

Suite C-1

Suite, Apt. #, etc.

Suite C-1

City & State

Miami Beach, FL

City & State

Miami Beach, FL

4. FEI Number

59-2514532

Applied For

Not Applicable

Zip

Country

33139

USA

Zip

Country

33139

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHEINBERG, BRUCE J.
420 LINCOLN RD. S-512
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name Bruce J. Scheinberg

Street Address (P.O. Box Number is Not Acceptable)

800 West Avenue - Suite C-1

City Miami Beach

FL

Zip Code 33139

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 renewing)

4/23/01

9. This corporation is eligible to satisfy its intangible
tax filing requirements and elects to do so. ☐

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete
NAME SCHEINBERG, BRUCE J.
STREET ADDRESS 420 LINCOLN RD. S-512
CITY-ST-ZIP MIAMI BEACH, FL

TITLE D ☐ Delete
NAME SCHEINBERG, BRUCE J.
STREET ADDRESS 420 LINCOLN ROAD, S-512
CITY-ST-ZIP MIAMI BEACH, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST ☒ Change ☐ Addition
NAME SCHEINBERG, BRUCE J.
STREET ADDRESS 800 WEST AVENUE - S-C-1
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D ☐ Change ☐ Addition
NAME SCHEINBERG, BRUCE J.
STREET ADDRESS 800 WEST AVENUE - C-1
CITY-ST-ZIP MIAMI BEACH, FL 33139

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

BRUCE J. SCHEINBERG

4/23/01 (305) 538-7575

SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)