2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2002 8:00 am Secretary of State DOCUMENT # J41247 1. Entity Name 02-01-2002 90004 001 ***150.00 THE ROSENTHAL AGENCY, INC. Principal Place of Business Mailing Address 8966 SW 87 COURT 8966 SW 87 COURT SUITE 23 SHITE 23 MIAMI FL 33176 MIAMI FL 33176 US 2. Principal Place of Business 3. Mailing Address 9360 9360 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #200 #200 City & State City & State Applied For 4. FEI Number 59-2743444 MIAMI Not Applicable MIAMI Country Country \$8.75 Additional 5. Certificate of Status Desired 1) SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICHÁRD ROSENTAL Street Address (P.O. Box Number is Not Acceptable) 世200 8966 SW 87 COURT SUITE 23 **MIAMI FL 33176** 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 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, 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. Addition TITLE ☐ Delete TITLE ROSENTHAL, RICHARD NAME NAME 8966 SW 87 COURT STE 23 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MAIMI FL ☐ Delete TITLE Addition ٧T AL ROSENTHAL NAME STREET ADDRESS STREET ADDRESS 8966 SW 87TH CT #23 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33176** ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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

CITY-ST-ZIP

STREET ADDRESS

NAME

NAME

STREET ADDRESS CITY-ST-ZIP

CR2E034 (9/01)