

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K50893

1. Entity Name

RHO-DAN, INC.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90152 041 \*\*\*150.00

Principal Place of Business

3500 MYSTIC PK DR  
APT 702  
N MIAMI BEACH FL 33180  
US

Mailing Address

350 MYSTIC PK DR  
APT 702  
NORTH MIAMI BEACH FL 33180  
US

2. Principal Place of Business

3500 Mystic Pk Drive

Suite, Apt. #, etc.

Suite 702

City & State

Aventura Florida

Zip 33180

Country USA

3. Mailing Address

3500 Mystic Pk Dr.

Suite, Apt. #, etc.

Suite 702

City & State

Aventura FL

Zip 33180

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0095811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSMAN, ALYSON  
4300 ALTON ROAD  
MIAMI FL 33140

7. Name and Address of New Registered Agent

Name Scott OSMAN

Street Address (P.O. Box Number is Not Applicable)  
9900 South Dadeland Blvd.

Suite 100

City Miami

FL

Zip 33156

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

*Scott OSMAN - Treasurer*

4/10/00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE D  
NAME SERELL, DANIEL  
STREET ADDRESS 3500 MYSTIC POINTE DR #702  
CITY-ST-ZIP N MIAMI BEACH FL 33180 ☐ Delete

TITLE DT  
NAME OSMAN, SCOTT  
STREET ADDRESS 555 NE 34TH ST, APT 504  
CITY-ST-ZIP MIAMI FL 33137 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Scott OSMAN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00  
Date

305-856-649  
Daytime Phone #