

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006551

1. Entity Name

ROSENTHAL, L.L.C.

Principal Place of Business

138 NE 1ST AVENUE
MIAMI FL 33132

Mailing Address

138 NE 1ST AVENUE
MIAMI FL 33132

2. Principal Place of Business

42 NE 25th Street

3. Mailing Address

42 NE 25th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FLORIDA

City & State

Miami - FLORIDA

Zip

33137

Country

USA

Zip

33137

Country

USA

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, SUITE 125
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

600004218316--1
-05/15/01--01146--003
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS ADOUTH, RAPHAEL
CITY-ST-ZIP 138 NE 1ST AVENUE
MIAMI FL 33132 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Raphael S. Adouth - V.P.

04/18/01 (305) 573-6866

Date

Daytime Phone #

FILED
2001 APR 27 AM 10:57
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)