

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M76111

1. Entity Name

MARTIN S. ROSENBLOOM, P.A.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90030 017 ***150.00

Principal Place of Business

Mailing Address

~~1133 ST UNIVERSITY DR STE 211~~
~~PLANTATION FL 33324~~

~~1133 ST UNIVERSITY DR STE 211~~
~~PLANTATION FL 33324~~

2. Principal Place of Business

8041 W. McNAB ROAD

3. Mailing Address

8041 W. McNAB ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC, FL

City & State

TAMARAC

Zip

33321

Country

BROWARD

Zip

FL

Country

33321



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0042855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBLOOM, MARTIN S.

1133 S UNIVERSITY DR STE 211

PLANTATION FL 33324

Name

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

8041 W. McNAB ROAD

City

TAMARAC

FL

Zip Code

33321

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

Martin S. Rosenbloom
 MARTIN S. ROSENBLOOM

1-21-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
 NAME ROSENBLOOM, MARTIN S.
 STREET ADDRESS ~~1133 S UNIVERSITY DR STE 211~~
 CITY-ST-ZIP ~~FT. LAUDERDALE FL~~

TITLE ☒ Change ☐ Addition
 NAME SAME
 STREET ADDRESS 8041 W. McNAB ROAD
 CITY-ST-ZIP TAMARAC, FL 33321

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Martin S. Rosenbloom
 MARTIN S. ROSENBLOOM

1-21-00 (954) 722-8500

Date

Daytime Phone #

CR2E034 (9/99)