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Secretary of State

05-01-1999 90047 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M96984

1. Corporation Name

LAURA S. ROTSTEIN, P.A.

Principal Place of Business

Mailing Address

ATRIUM WEST
 7771 W. OAKLAND PARK BLVD. STE 215
 FT LAUDERDALE FL 33351
 US

ATRIUM WEST
 7771 W. OAKLAND PARK BLVD. STE 215
 FT. LAUDERDALE FL 33351
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1988

4. FEI Number

65-0086849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 3800 INVERRARY BLVD

Suite, Apt. #, etc.

22 SUITE 100-F

City & State

23 LAUDERHILL FL

Zip

24 33319

Country

25 BROWARD

2a. Mailing Address

26 3800 INVERRARY BLVD.

Suite, Apt. #, etc.

27 SUITE 100-F

City & State

28 LAUDERHILL FL

Zip

29 33319

Country

30 BROWARD

9. Name and Address of Current Registered Agent

ROTSTEIN, LAURA S., ESQUIRE
 ATRIUM WEST
 7771 W OAKLAND PARK BLVD, STE 215
 FT. LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name LAURA S. ROTSTEIN, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)
3800 INVERRARY BLVD.

83 SUITE 100-F

84 City LAUDERHILL

FL

85 Zip Code 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/10/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ROTSTEIN, LAURA S., ESQ

STREET ADDRESS 5323 SAPPHIRE VALLEY

CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

Laura S. Rotstein
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 LAURA S. ROTSTEIN, PRESIDENT

4/27/99 (954) 714-8811

CR2E034 (1/98)