

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001643 AF

DOCUMENT # M98000000628

1. Entity Name  
PENN MADE PRODUCTS, LLC

APPROVED  
AND  
FILED

00 APR 18 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
311 W. ANSIN BLVD.  
HALLANDALE FL 33009

Mailing Address  
311 W. ANSIN BLVD.  
HALLANDALE FL 33009-3114



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. -

Suite, Apt. #, etc. -

City & State

City & State

4. FEI Number

65-0772487

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, CHARLES M  
311 W. ANSIN BLVD.  
HALLANDALE FL 33009

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MBR  
STREET ADDRESS SERNAKER, DANIEL D  
CITY- ST- ZIP 16425 COLLINS AVENUE #2616  
NORTH MIAMI BEACH FL 33160

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
400003238974--0  
-05/04/00--01010--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MBR  
STREET ADDRESS ROSENBERG, GAYLE S  
CITY- ST- ZIP 2533 EAGLE RUNN DRIVE  
WESTON FL 33327

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MGRM  
STREET ADDRESS ROSENBERG, CHARLES M  
CITY- ST- ZIP 2533 EAGLE RUN DRIVE  
WESTON FL 33327

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 OR MANAGER

1/25/2000

Date

954-484-2191

Daytime Phone #

CR2E083 (9/99)