

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000628

1. Entity Name

PENN MADE PRODUCTS, LLC

FILED

01 MAR 19 PM 1:27

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



2. Principal Place of Business

1087 NW 1st Court
Suite, Apt. #, etc.

3. Mailing Address

1087 NW 1st Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hallandale FL

City & State

Hallandale FL

4. FEI Number

65-0772487

Applied For

Not Applicable

Zip

33009

Country

USA

Zip

33009

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

9. MANAGING MEMBERS/MEMBERS

TITLE MBR ☐ Delete

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

TITLE MBR ☐ Delete

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

TITLE MGRM ☐ Delete

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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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:

Gayle S. Rosenberg

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

3/16/01

Date

954-4542191

Daytime Phone #

CR2E083 (11/00)