

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90080 042 ****50.00

DOCUMENT # M98Q00000628

1. Entity Name

PENN MADE PRODUCTS, LLC

Principal Place of Business

**1087 NW 1ST COURT
HALLANDALE FL 33009**

Mailing Address

**1087 NW 1ST COURT
HALLANDALE FL 33009**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0772487

Applied For

Not Applicable

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**

Change of address

Name

Charles M. Rosenberg

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

1087 N.W. 1st Court

City

Hallandale

FL

Zip Code

33009

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

Charles M. Rosenberg

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

(NOTE: Registered Agent signature required when reinstating)

1/14/02

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☐ Delete

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

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

☐ Delete

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

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

☐ Delete

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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

1/14/02

Date

954-454-2191

Daytime Phone #

CR2E083 (9/01)