

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90499 038 ****61.25

DOCUMENT # N97000004082

1. Entity Name

MASON AVENUE PROFESSIONAL CORPORATION

Principal Place of Business

**1517 MASON AVE UNIT SOUTH
 DAYTONA BCH FL 32114**

Mailing Address

**1517 MASON AVE UNIT SOUTH
 DAYTONA BCH FL 32114**

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

59-3466954

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

**MCCONNELL, HARRY G
 444 SEABREEZE BLVD STE 900
 DAYTONA BCH FL 32118**

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

[Handwritten Signature]

[Handwritten Signature]

Signature of individual named in Block 10 or Block 11, if applicable

(Not required for Agent signature required when re-registering)

DATE

**FILE NOW
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **ROSENBERG, JEFFREY**
 STREET ADDRESS **1517 MASON AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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

TITLE **D** ☐ Delete
 NAME **ROSENBERG, SANDRA**
 STREET ADDRESS **1517 MASON AVE**
 CITY-ST-ZIP **DAYTONA BEACH FL 32117**

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

TITLE **D** ☐ Delete
 NAME **ROSENBERG, BRETT A**
 STREET ADDRESS **410 W LOMBARD ST**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1611 NW 12th Avenue**
 CITY-ST-ZIP **Miami, FL 33136**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature: Jeffrey B. Rosenberg] 5/21/01 904-2533441

CR2E037 (10/00)