

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90373 036 \*\*\*155.00

DOCUMENT # P00000000533

1. Entity Name

PRELUDE PROPERTIES, INC.

NETGROUP HOME MEDICAL SUPPLIES, INC.

Principal Place of Business

11000 PROSPERITY FARMS ROAD SUITE 100  
PALM BEACH GARDENS FL 33410

Mailing Address

11000 PROSPERITY FARMS ROAD SUITE 100  
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

521 OLD DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

521 OLD DIXIE HWY

Suite, Apt. #, etc.

City & State

TEQUESTA, FL

City & State

TEQUESTA, FL

Zip

Country

33469

Zip

Country

33469

4. FEI Number

65-0970666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

ROTHENBERG, JUDITH A.

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

521 OLD DIXIE HWY

City

TEQUESTA

FL

Zip Code

33469

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

Judith A. Rothenberg

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

(NOTE: Registered Agent signature required when reinstating)

04/23/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☒

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ROTHENBERG, BRUCE M	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD SUITE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	ROTHENBERG, JUDITH A	
STREET ADDRESS	11000 PROSPERITY FARMS ROAD SUITE 100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	521 OLD DIXIE HWY
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	521 OLD DIXIE HWY
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith A. Rothenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01 561-743-9974

Date

Daytime Phone #

CR2E034 (10/00)