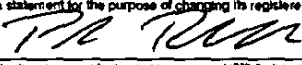


9/17/2003-90019-029-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000065126			
1. Entity Name ROTHSTEIN, INC.			
Principal Place of Business 1711 WORTHINGTON RD., STE. 201 WEST PALM BEACH, FL 33409		Mailing Address 1711 WORTHINGTON RD., STE. 201 WEST PALM BEACH, FL 33409	
2. Principal Place of Business 112 CATANIA WAY Suite, Apt. #, etc.		3. Mailing Address 112 CATANIA WAY Suite, Apt. #, etc.	
City & State ROYAL PALM BEACH, FL		City & State ROYAL PALM BEACH, FL	
Zip 33411		Country USA	
4. FEI Number 85-1022839		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROTHSTEIN, PETER 1711 WORTHINGTON RD., STE. 201 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name ROTHSTEIN, PETER Street Address (P.O. Box Number is Not Acceptable) 112 CATANIA WAY City ROYAL PALM BEACH, FL Zip Code 33411	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and fee if applicable.		DATE 9/9/03 NOTE: Registered Agent's signature required when submitting.	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
D ROTHSTEIN, PETER 1711 WORTHINGTON RD., STE. 201 WEST PALM BEACH, FL 33409			
D ROTHSTEIN, PETER 112 CATANIA WAY ROYAL PALM BEACH, FL 33411		1000238714 10/17/03--01025--010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TITLE OR PRINTED NAME OF ARCHIVING OFFICIAL OR INSPECTOR		DATE 9/9/03 (561)352-3297 Date of Filing	

REINSTATEMENT 03

☒ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)

1000238714
10/17/03--01025--010
\$400.00

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