

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90872 047 \*\*\*150.00

0350807 AV

**DOCUMENT # P00000100150**

1. Entity Name

**SIGNATURE GROUP HOME, INC.**

Principal Place of Business

**3810 GREEN AVE  
 WEST PALM BEACH FL 33407**

Mailing Address

**P O BOX 12681  
 LAKE PARK FL 33403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**14156-79TH CT. N. P.O. BOX 530681**

3. Mailing Address

**Suite, Apt. #, etc.**

City & State

**LOXAHATCHEE, FL**

City & State

**LAKE PARK, FL**

4. FEI Number

**65-1051961**

Applied For

Not Applicable

Zip

**33470**

Country

**USA**

Zip

**33403**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSENTHAL, MICHAEL**

**3810 GREENWOOD AVE  
 WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

**ROSENTHAL, MICHAEL**

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

**14156-79TH COURT NORTH**

City & State **LOXAHATCHEE, FL** Zip Code **33470**

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 **ROSENTHAL, MICHAEL DP** DATE **3-21-02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **DP** ☒ Delete  
 NAME **ROSENTHAL, MICHAEL**  
 STREET ADDRESS **3810 GREENWOOD AVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **DST** ☒ Delete  
 NAME **ROSENTHAL, ANNIE**  
 STREET ADDRESS **3810 GREENWOOD AVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition  
 NAME **ROSENTHAL, MICHAEL**  
 STREET ADDRESS **14156-79TH CT. N.**  
 CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

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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TITLE ☐ Change ☐ 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: **ROSENTHAL, MICHAEL DP** DATE **3-21-02** DAYTIME PHONE # **561-722-0173**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)