

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03296100
AV

DOCUMENT # P02000014299

1. Entity Name
ROTHSTEIN, ROSENFELDT, DOLIN & PANCIER, P.A.



03-28-2003 90077 041 ***150.00

Principal Place of Business
**300 SE 2ND STREET, SUITE 860
300 LAS OLAS PLACE
FT. LAUDERDALE FL 33301**

Mailing Address
**300 SE 2ND STREET, SUITE 860
300 LAS OLAS PLACE
FT. LAUDERDALE FL 33301**

10040001



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

01-0587961

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSENFELDT, STUART A
300 SE 2ND STREET, SUITE 860
300 LAS OLAS PLACE
FT. LAUDERDALE FL 33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **DVST** Delete
NAME **ROTHSTEIN, SCOTT W**
STREET ADDRESS **300 SE 2ND STREET, SUITE 860**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ~~**DSTV**~~ Change Addition
NAME ~~**ROTHSTEIN, SCOTT W.**~~
STREET ADDRESS ~~**300 SE 2ND STREET, SUITE 860**~~
CITY-ST-ZIP ~~**FT. LAUDERDALE FL 33301**~~

TITLE **PD** Delete
NAME **ROSENFELDT, STUART A**
STREET ADDRESS **300 SE 2ND STREET, SUITE 860**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ~~**MDST**~~ Change Addition
NAME ~~**SUSAN L. DOLIN**~~
STREET ADDRESS ~~**300 SE 2ND STREET, SUITE 860**~~
CITY-ST-ZIP ~~**FT. LAUDERDALE FL 33301**~~

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~**DV**~~ Change Addition
NAME ~~**ROTHSTEIN, SCOTT W.**~~
STREET ADDRESS ~~**300 SE 2ND STREET, SUITE 860**~~
CITY-ST-ZIP ~~**FT. LAUDERDALE, FL 33301**~~

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
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

ROTHSTEIN, SCOTT W. P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03
Date

954-522-3456
Daytime Phone #

CR2E034 (10/02)