

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90151 006 ***150.00

DOCUMENT # P02000047767

1. Entity Name
ROSENBERG & GLASS, P.A.



Principal Place of Business
**1 BOCA PLACE
2255 GLADES ROAD, SUITE 234
BOCA RATON FL 33431**

Mailing Address
**1 BOCA PLACE
2255 GLADES ROAD, SUITE 234
BOCA RATON FL 33431**



2. Principal Place of Business

**5499 North Federal Highway
Suite A**

3. Mailing Address

**5499 North Federal Highway
Suite A**

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton

City & State
Boca Raton

4. FEI Number
04-3659524

Applied For
Not Applicable

Zip
FL 33487

Zip
FL 33487

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **Bruce Rosenberg**
Street Address (P.O. Box Number is Not Acceptable)
**5499 North Federal Highway
Suite A**
City **Boca Raton** FL Zip Code **33487**

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)

4/2/03
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

TITLE **PTD** ☐ Delete
NAME **ROSENBERG, BRUCE S**
STREET ADDRESS **1 BOCA PLACE, 2255 GLADES ROAD SUITE 234**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **SVD** ☐ Delete
NAME **GLASS, DAVID D**
STREET ADDRESS **1 BOCA PLACE, 2255 GLADES ROAD SUITE 234**
CITY-ST-ZIP **BOCA RATON FL 33431**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5499 North Federal Highway Suite A**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5499 North Federal Highway Suite A**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/03 561-994-7233

CR2E034 (10/02)