

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

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90359 011 \*\*\*150.00

**DOCUMENT # P27464**

1. Entity Name

THE ROTH VENTURES, INC.

**DO NOT WRITE IN THIS SPACE**

752136

2. Principal Place of Business  
20023 N.E. 39th Place

Suite, Apt. #, etc.

City & State  
Aventura, Florida

Zip  
33180

Country  
USA

3. Mailing Address  
409 Washington Avenue

Suite, Apt. #, etc.

Suite 900

City & State  
Towson, Maryland

Zip  
21204

Country  
USA

4. FEI Number  
52-0985297

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
Israelson, Stuart  
20023 N.E. 39th Place  
N. Miami Beach, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
Israelson, Wendy  
5672 Oakmont Avenue  
N. Miami Beach, FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-13-02 410-4940100  
Date Daytime Phone #

CR2E034B (12/01)