2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P93000018360 1. Entity Name **RUTH TANNENBAUM, P.A.** 04-28-2001 90029 009 ***150.00 Principal Place of Business Mailing Address 1300 SW 75TH AVE. 1300 SW 75TH AVE. PLANTATION FL 33317 PLANTATION FL 33317 646749 3. Mailing Address 1622 Victoria 2. Principal Place of Business 622 rctoria ane DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc Suite: Apt. #, etc.-City & State City & State Applied For 4. FEI Number 65-0397421 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent TANNENBAUM, DAVID Street Address (P.O. Box Number is Not Acceptable) 1300 S.W. 75TH AVENUE PLANTATION FL 33317 Victoria City 8. The above named entity stibraits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 •9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 3R2E034 (10/00) JANNENBAUM, DAV1 1 □ Change TITLE Delete TITLE NAME 1622 Victoria PE (Weston, Al 33327 TANNENBAUM, DAVID NAME STREET ADDRESS 1300 S.W. 75TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 WENBAUM, RUTH Change ☐ Delete TITLE TANNENBAUM, R 2 Victoria PTE NAME NAME STREET ADDRESS STREET ADDRESS 1300 S.W. 75TH AVENUE 3332 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the receiver or trustee empo-changed, or on an attachment with an address, w