

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90025 039 ***150.00

DOCUMENT # P93000023072

1. Entity Name

ROHL, INC.

Principal Place of Business

1881 NE 26 STREET
WILTON MANORS FL 33305
US

Mailing Address

1881 NE 26 STREET
WILTON MANORS FL 33305
US

2. Principal Place of Business

615 N. Riverside Dr.

3. Mailing Address

615 N. Riverside Dr.

Suite, Apt. #, etc.

PH 2

Suite, Apt. #, etc.

PH 2

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0398633

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPSHULTZ, HARRIETTE
1881 N.E. 26TH ST.
SUITE 95
WILTON MANORS FL 33305

7. Name and Address of New Registered Agent

Name
Harriette Lipshultz

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

615 N. Riverside Dr.

PH 2

City Pompano Beach

FL

Zip Code

33062

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 HARRIETTE LIPSHULTZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/01

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, 2001 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
LIPSHULTZ, HARRIETTE
615 N RIVERSIDE DR PH2
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPSD
O'HEARN, ROSLYN
2307 NE 17TH AVE
WILTON MANORS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Harriette Lipshultz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRIETTE LIPSHULTZ

Date

Daytime Phone #

3/14/01 (954) 942-8408

CR2E034 (10/00)

0244669