

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032024

1. Entity Name

ROSENTHAL APPRAISALS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90096 035 \*\*\*150.00

Principal Place of Business 837 GARNET CIR WESTON FL 33326 US	Mailing Address 837 GARNET CIR WESTON FL 33326-3900 US
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2. Principal Place of Business 837 Garnet Circle	3. Mailing Address 837 Garnet Circle
Suite, Apt. #, etc. <del>Weston, FL</del>	Suite, Apt. #, etc. <del>Weston, FL</del>

DO NOT WRITE IN THIS SPACE

City & State Weston, FL	City & State Weston, FL	4. FEI Number 65-0482669	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33326	Country USA	Zip 33326	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSENTHAL, GAIL  
 837 GARNET CIRCLE  
 FT LAUDERDALE FL 33326  
 Weston, FL 33326

7. Name and Address of New Registered Agent

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.

SIGNATURE *[Signature]* Pres. Gail Rosenthal 1/26/00

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	D ROSENTHAL, GAIL <input type="checkbox"/> Delete 837 GARNET CIR WESTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENTHAL, LEE <input type="checkbox"/> Delete 837 GARNET CIR WESTON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Gail Rosenthal, Pres 1/26/00 954-389-3689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #