

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90050 006 \*\*\*150.00

**DOCUMENT # P94000032024**

**1. Entity Name**  
**ROSENTHAL APPRAISALS, INC.**

**Principal Place of Business**

837 GARNET CIR  
 WESTON FL 33326  
 US

**Mailing Address**

837 GARNET CIR  
 WESTON FL 33326  
 US

**2. Principal Place of Business**

2791 Oakbrook Manor  
 Suite, Apt. #, etc.

**3. Mailing Address**

2791 Oakbrook Manor  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
 Weston FL

Zip 33332  
 Country USA

**City & State**  
 Weston FL

Zip 33332  
 Country USA

**4. FEI Number** 65-0482669

**Applied For**  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

ROSENTHAL, GAIL  
 837 GARNET CIRCLE  
 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** *Gail Rosenthal, Pres.* **DATE** 1/12/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** D  Delete  
**NAME** ROSENTHAL, GAIL  
**STREET ADDRESS** 837 GARNET CIR 2791 Oakbrook Manor  
**CITY-ST-ZIP** WESTON FL 33332

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

**TITLE** D  Delete  
**NAME** ROSENTHAL, LEE  
**STREET ADDRESS** 837 GARNET CIR 2791 Oakbrook Manor  
**CITY-ST-ZIP** WESTON FL 33332

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

**TITLE**  Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE**  Delete  
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**TITLE**  Change  Addition  
**NAME**  
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**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 reports 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:** *Gail Rosenthal, Pres* **DATE** 1/12/02 **Daytime Phone #** 954-389-3689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/01)