

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90039 040 ***150.00

DOCUMENT # P94000032024

1. Entity Name
ROSENTHAL APPRAISALS, INC.



Principal Place of Business
2791 OAKBROOK MANOR
WESTON FL 33332
US

Mailing Address
2791 OAKBROOK MANOR
WESTON FL 33332
US



2. Principal Place of Business

1640 Town Center Circle

3. Mailing Address

1640 Town Center Circle

Suite, Apt., #, etc.

204

Suite, Apt., #, etc.

204

City & State

Weston, FL

City & State

Weston, FL

Zip **33326**

Country

USA

Zip **33326**

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

APPLIED FOR TAX ID 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

GAIL Rosenthal

1-6-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ROSENTHAL, GAIL**
STREET ADDRESS **2791 OAKBROOK MANOR**
CITY-ST-ZIP **1640 Town Center Circle Suite 204 Fort Lauderdale, FL 33332 Weston, FL 33326**

TITLE **D** ☐ Delete
NAME **ROSENTHAL, LEE**
STREET ADDRESS **2791 OAKBROOK MANOR**
CITY-ST-ZIP **1640 Town Center Circle Suite 204 Fort Lauderdale, FL 33332 Weston, FL 33326**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GAIL Rosenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-03

3-26

954-389-3689

CR2E034 (10/02)