2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053299 May 16, 2000 8:00 am Secretary of State ROSENTHAL FINANCIAL SERVICES OF FLORIDA, INC. 05-16-2000 90089 042 ***150.00 Principal Place of Business Mailing Address C/O MILTON J. WALLACE C/O MILTON J. WALLACE 1200 BRICKELL AVE., STE 1720 1200 BRICKELL AVE., STE 1720 MIAMI FL 33131-3257 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0507408 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 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 DATE Signature, typed or printed name of 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition AS TITLE TITLE ☐ Delete **BOYLE JANET** NAME NAME STREET ADDRESS STREET ADDRESS 1370 BROADWAY CITY-ST-ZIP CITY-ST-ZIP NEW YORK NE ☐ Addition ☐ Change TITLE Delete TITLE PONTICELLO, LORETTA NAME NAME STREET ADDRESS 1370 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7P **NEW YORK NY** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

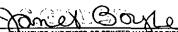
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS



Janot Boyle

4/27/00 (212) 356-1425

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Daytime Phone #