

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90154 025 \*\*\*150.00

**DOCUMENT # P95000023581**

1. Entity Name  
**ADRIENNE L. ROTH, P.A.**

Principal Place of Business <b>2545 NE 206 LN          N MIAMI BEACH FL 33180          US</b>	Mailing Address <b>2545 NE 206 LN          N MIAMI BEACH FL 33180          US</b>
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2. Principal Place of Business <b>2115 NE 197 TER</b>	3. Mailing Address <b>2115 NE 197 TER</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>N. MIAMI BEACH FL</b>	City & State <b>N. MIAMI BEACH FL</b>	4. FEI Number <b>65-0567926</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33179-3127</b>	Country <b>US</b>	Zip <b>33179-3127</b>	Country <b>US</b>



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent <b>KLEIN, MITCHELL D          1120 E HALLANDALE BCH BLVD          HALLANDALE FL 33009</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROTH, ADRIENNE L</b> <b>2545 NE 206 LN</b> <b>N MIAMI BEACH FL 33180</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>ROTH, ADRIENNE L.</b> <b>2115 NE 197 TER</b> <b>N. MIAMI BEACH FL 33179-3127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>ROTH, MICHAEL S.</b> <b>2115 NE 197 TER</b> <b>N. MIAMI BEACH, FL 33179-3127</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 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: *Michael S. Roth* **MICHAEL S. ROTH** Date: **4/12/01** Daytime Phone #: **305-937-0573**

CR2E034 (10/00)