## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 10, 2000 8:00 am Secretary of State DOCUMENT # P95000040250 1. Entity Name ALLEN ROSENTHAL, INC. 03-10-2000 90038 021 \*\*\*150.00 Mailing Address Principal Place of Business 6065 NW 167TH STREET 6065 NW 167TH ST MIAMI FL 33015 MIAMI FL 33015-4394 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-058 1947 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 ROSENTHAL, ALLEN Street Address (P.O. Box Number is Not Acceptable) 20191 EAST COUNTRY CLUB DRIVE **SUITE 2205 AVENTURA FL 33180** Zip Code g its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits (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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. PST ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME ROSENTHAL, ALLEN STREET ADDRESS STREET ADORESS 20191 E. COUNTRY CLUB DR. #2205 CITY-ST-ZIP CITY-ST-ZIP AVENTURA FL ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied wi indicated on this report or supplemental report of the corporation or the receiver or trust changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR