FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # P950000 40250							05-02-2002 90058 036 ***150.00			
1. Entity Name ALLEN ROSENTHAL INC										
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						1 2 4				
	DO N	IOT WRITI	E IN THIS S	PAC	E					
2 Principal P	logo of Dugi				ile i di e	4				
2. Principal Place of Business 6065 NW 167 ST			3. Mailing Address 6065 NW 167 ST							
Suite, Apt. #, etc. B- 13			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			8-13 City & State				4. FEI Number Applied For			
MIAMI FL			MIAMI FL				65-058 1947		Applied For Not Applicable	
^{∠10} 330	Zip 33015 Country		Zip Country SA			5. Certificate of Status Desired	\$	8.75 Additional ee Required		
Managira : 450 *	outy - Liu	and the same of th	o no politica de la politica de la constanta d	(100020 (20 <u>1710)</u>		7	Name and Address of Current I			
	A TOIA O	/DITC		Name ALLEN ROSENTHAL Street Address (P.O. Box Number is Not Acceptable) 6065 NW 167 ST B-13						
i i	O NOT W	really because the contract of								
1		N THIS SI	PACE			262	700 (6/3)	0-13		
	·j				City			EI	Zip Code	
8. The above r	named entity	v Submits this statement fo	or the nursose of changing it	e registar	od office or re	ነነ ሉሎ	agent, or both, in the State of Flor	FL_	Zip Code 33015	
		,	or the purpose of changing it	a register	ed office of fe	eyrsterec	agent, or both, in the State of Flor	ida.		
SIGNATURE _	Signature typed	or printed name of registered agent	and the fearth.							
					d Agent signature r		en reinstating)	DATE		
Tax filing re	quirement a	ble to satisfy its Intangible and elects to do so.	After May	/ 1. Fee i	s \$550.00		10. Election Campaign Fina	ncing	\$5.00 May Be	
(See criteria on back) Make Check Payable					s \$61.25 partment o	f State	Trust Fund Contribution.		Added to Fees	
11.	PST	OFFICERS AND	DIRECTORS							
		ROSENTHAL	<u>.</u>	TITLE					10/2	
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NAME STREET ADDRESS				NAME	* .				¥a .	
CITY-ST-ZIP				STREET CITY-S	AODRESS T-ZIP					
13. I hereby cer	tify that the	information supplied with	this filing does not qualify for			n Sectio	n 119.07(3)(i). Florida Statutes. I fu	rther certify	that the information	
of the corpo	pration or the	or supplemental report is e receiver or trustee emp ress, with all other like em	owered to execute this repor	ny signatu It as Jequi	re shall have red by Chapt	the sam ter 607, I	n 119.07(3)(i). Florida Statutes. I fu e legal effect as if made under oat Florida Statutes; and that my name	n; that I am a appears in	an officer or director Block 11 or on an	
		1 23, With all Other like em	powerpa,		•		,	(305))	
SIGNATU	IRE:	SIGNATURE AND TYPED OF PE	RINTED NAME OF SIGNING OFFICER	OR DIRECTO			4-22-02	824-9	7797	