

04/23/03

15:24

ALAN M GOLDBERG P A → 1 305 824 1:

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91844 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040250

1. Entity Name
 ALLEN ROSENTHAL INC.

70051287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6065 NW 167 ST

Suite, Apt. #, etc.

B-13

City & State

MIAMI FL

Zip

33015

Country

USA

3. Mailing Address

6065 NW 167 ST

Suite, Apt. #, etc.

B-13

City & State

MIAMI FL

Zip

33015

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0581947

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

ALLEN ROSENTHAL

Street Address (P.O. Box Number is Not Acceptable)

6065 NW 167 ST B-13

City MIAMI

FL

Zip Code

33015

DO NOT WRITE
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when retreating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

January 1 - May 1 Fee is \$100.00
 May 1 - May 1 Fee is \$250.00
 Amended UBR is \$61.33
 Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PST
 ALLEN ROSENTHAL
 20191 E COUNTRY CLUB DR #2205
 AVENTURA FL 33180

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 LEE ROSENTHAL
 6065 NW 167 ST B-13
 MIAMI FL 33015

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IN THIS SPACE

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 on an attachment with an address, with or without like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

(305)

824-9797

Daytime Phone #