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<u> </u>	<u>16</u> O1111 O11111 D00	THE CONTRACT OF	,,,, (OD)	-,	LIL	LU		2
DOCUMENT # P95000054726  1. Entity Name ROTBART & DEUTSCH, P.A.					Jan 26, 2001 8:00 am Secretary of State 01-26-2001 90121 049 ***150.00			
Principal Place of Business 21845 POWERLINE RD STE 201 BOCA RATON FL 33433 US		Mailing Address 21845 POWERLINE RD STE 201 BOCA RATON FL 33433 US			DUUU8332  DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.						
City & State		City & State		4.	FEI Number <b>65-0593616</b>		pplied For at Applicable	]
Zip	Country	Zip	Country		Certificate of Status Desired	Fee Require		
6. Name and Address of Current Registered Agent			Name	7.	Name and Address of New Registe	ered Agent		┨
ROTBART, ALEXANDER B 21845 POWERLINE RD STE 201				Street Address (P.O. Box Number is Not Acceptable)				
	A RATON FL 33433		City			FL Zip Code	e	
This corporation is eligible to satisfy its Intangible     FILE NOW!!			E: Registered Agent signat !!! FEE IS \$150. 001 Fee will be \$5 ble to Departmen	00 i50.00	10. Election Campaign Financing Trust Fund Contribution.		<b>0</b> May Be to Fees	_
11.	OFFICERS AND	DIRECTORS	12.	Δ	DDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	3 IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTBART, ALEXANDER B 5434 GRAND PARK PL BOCA RATON FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Potbarti Riggs Boca 1	Alexander B Powerline hoad iste 201 Justin, FC 33433	Change	☐ Addition	2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTBART, ERIKA D 5434 GRAND PARK PL BOCA RATON FL 33486	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	0	Eriku D Jowerline Adistrzul Atun (FL 33:433	Change	Addition	CR2
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	

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 trystee 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

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

,.405-3877 <u>|</u>

SO BOY HID!

561-361-8010