



**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90059 021 \*\*\*150.00

| DOCUMENT #  |  | P96000007900  |         |
|---|--|---|---------|
| 1. Entity Name<br><b>SUSAN ROTH ASSOCIATES INC.</b>   |  |  |         |
| Principal Place of Business<br>14533 S.W. 77TH ST.<br>MIAMI FL 33183  |  | Mailing Address<br>14533 S.W. 77TH ST.<br>MIAMI FL 33183                          |         |
| 2. Principal Place of Business  |  | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |         |
| City & State  |  | City & State  |         |
| Zip   | Country  | Zip   | Country |
| 6. Name and Address of Current Registered Agent   |  |   |         |
| <b>ROTH, ROBERT</b><br><b>14533 S.W. 77TH STREET</b><br><b>MIAMI FL 33183</b>   |  | Name  |         |
|   |  | Street Address (F)  |         |
|   |  | City  |         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.  |  |   |         |
| SIGNATURE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required w</small>  |  |   |         |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State  |  |   |         |
| 10. OFFICERS AND DIRECTORS  |  |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>ROTH, SUSAN<br>14533 S.W. 77TH STREET<br>MIAMI FL 33183<br><input type="checkbox"/> Delete   | 11.   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | STD<br>ROTH, ROBERT<br>14533 S.W. 77TH STREET<br>MIAMI FL 33183<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |         |
| 2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this report or supplemental report is true and accurate and that my signature shall have the same effect as the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or on an attachment with an address, with all other like empowered. |  |   |         |
| SIGNATURE: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |         |

[REDACTED]

☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)

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Daytime Phone #