

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90288 001 ***450.00

DOCUMENT # P96000026837

1. Entity Name
PARKLAND BUILDING CO.

Principal Place of Business

**6885 SW 18 STREET
 SUITE 7
 BOCA RATON FL 33432
 US**

Mailing Address

**6885 SW 18 STREET
 SUITE 7
 BOCA RATON FL 33432
 US**



2. Principal Place of Business

**11555 Heron Bay Blvd
 Suite, Apt. #, etc.
 200**

3. Mailing Address

**11555 Heron Bay Blvd
 Suite, Apt. #, etc.
 200**

DO NOT WRITE IN THIS SPACE

City & State

**Coral Springs, FL
 Zip 33076 Country US**

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**Coral Springs, FL
 Zip 33076 Country US**

4. FEI Number **65-0672307**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTHENBERG, LARRY A
 900 N FEDERAL HIGHWAY
 SUITE 460
 BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **Michael Wentz**
 Street Address (P.O. Box Number is Not Acceptable) **11555 Heron Bay Blvd Suite 200**
 City **Coral Springs** **FL** Zip Code **33076**

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 reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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	D	<input type="checkbox"/> Delete
NAME	ROTHENBERG, M D	
STREET ADDRESS	6885 SW 18 STREET SUITE 7	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROTHENBERG, L A	
STREET ADDRESS	900 N FEDERAL HIGHWAY SUITE 460	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Wentz
 DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)