

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P96000057671**

Corporation Name

**LESTER I. ROSENBLUM, P.A.**

Principal Place of Business

5900 SW 73RD ST  
STE #205  
SOUTH MIAMI FL 33143

Mailing Address

5900 SW 73RD ST  
STE #205  
SOUTH MIAMI FL 33143  
US

**FILED**  
**Sep 07, 1999 8:00 am**  
**Secretary of State**

09-07-1999 90014 021 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**7700 NORTH KENDALL DR**

Suite, Apt. #, etc.

**SUITE #505**

City & State  
**MIAMI, FL**

Zip  
**33156**

Country

**USA**

Mailing Address

**7700 NORTH KENDALL DR**

Suite, Apt. #, etc.

**SUITE #505**

City & State  
**MIAMI, FL**

Zip  
**33156**

Country

**USA**

3. Date Incorporated or Qualified

**07/08/1996**

4. FEI Number

**65-0691324**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**ROSENBLUM, LESTER I**  
**5900 SW 73RD ST**  
**STE #205**  
**SOUTH MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name

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

**7700 NORTH KENDALL DR**

**SUITE #505**

84 City  
**MIAMI**

FL

85 Zip Code  
**33156**

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

NATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD  
ROSENBLUM, LESTER I.  
9200 SOUTH DADELAND BLVD. STE 405  
MIAMI FL 33156

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/1/99 305-668-8000**

CR2E034 (5/99)