

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073439

1. Entity Name

GLENN A. ROSENBERG, CPA, P.A.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90119 039 \*\*\*150.00

Principal Place of Business

Mailing Address

11948 NORTHWEST 2 COURT  
CORAL SPRINGS FL 33071

11948 NORTHWEST 2 COURT  
CORAL SPRINGS FL 33071-8016

2. Principal Place of Business

3. Mailing Address

3700 COCONUT CREEK PKWY

3700 COCONUT CREEK PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

140

140

City & State

City & State

COCONUT CREEK, FL

COCONUT CREEK, FL

Zip

Country

Zip

Country

33066

33066

4. FEI Number

65-0692799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSENBERG, GLENN  
11948 NW 2 COURT  
CORAL SPRINGS FL 33071

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
ROSENBERG, GLENN  
11948 NORTHWEST 2 COURT  
CORAL SPRINGS FL 33071 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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ROSENBERG, SHEL  
11948 NORTHWEST 2 COURT  
CORAL SPRINGS FL 33071 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 (954) 578-9514

CR2E034 (9/99)