

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90448 050 \*\*\*150.00

DOCUMENT # P96000081188

1. Entity Name

ROSENFELD & ASSOCIATES INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 561625  
 FL 33256

POST OFFICE BOX 561625  
 MIAMI FL 33256-1625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0704150

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

ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVENUE  
 SUITE 125  
 CORAL GABLES FL 33146

Name **SHERYL ROSENFELD**

Street Address (P.O. Box Number is Not Acceptable)  
**5701 SW 107 ST.**

City **Pinecrest**

FL **33156**

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]* President

4/24/00

DATE

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

(NOTE: Registered Agent signature required when reinstating)

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 **DPS** ☐ Delete  
 NAME **ROSENFELD, SHERYL G**  
 STREET ADDRESS **8137 SOUTHWEST 87TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **President** ☒ Change ☐ Addition  
 NAME **ROSENFELD, SHERYL G.**  
 STREET ADDRESS **5701 S.W. 107 ST.**  
 CITY-ST-ZIP **Pinecrest, FL 33156**

TITLE **DV** ☐ Delete  
 NAME **GLASSMAN, RITA P**  
 STREET ADDRESS **8137 SOUTHWEST 87TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE **Rita P Glassman, Rita P** ☒ Change ☐ Addition  
 NAME **GLASSMAN, RITA P**  
 STREET ADDRESS **5701 SW 107 ST.**  
 CITY-ST-ZIP **Pinecrest, FL 33156**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 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 an other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

305 666 9669

Daytime Phone #

CR2E034 (9/99)