

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081188

1. Entity Name

ROSENFELD & Associates Inc.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90118 017 ***150.00

Principal Place of Business

Post office Box 561625
MIAMI, FL 33256

Mailing Address

PO Box 561625
MIAMI, FL 33256

A0063492

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0704150

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHERYL ROSENFELD
5701 S.W. 107 Street
Pinecrest, FL 33156

7. Name and Address of New Registered Agent

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ DeletePresident (DPS)
Rosenfeld, Sheryl G.
5701 S.W. 107 St.
Pinecrest, FL 33156TITLE NAME ☐ DeleteDV#
GLASSMAN, RITA
5701 SW 107 St
Pinecrest, FL 33156TITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE NAME ☐ Change ☐ AdditionTITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)