

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90306 028 ***150.00

DOCUMENT # P96000081188

1. Entity Name

ROSENFIELD & ASSOCIATES INC.



Principal Place of Business
POST OFFICE BOX 561625
MIAMI FL 33256

Mailing Address
POST OFFICE BOX 561625
MIAMI FL 33256

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROSENFIELD, SHERYL
5701 SW 107 ST
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **Rosenfield, Sheryl**
Street Address (P.O. Box Number is Not Acceptable) **13611 Deering Bay Dr. #901**
City **Coral Gables, FL** Zip Code **33158**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ROSENFIELD, SHERYL G**
STREET ADDRESS **5701 S.W 107 ST**
CITY-ST-ZIP **PINECREST FL 33156**

TITLE **PD** ☒ Change ☐ Addition
NAME **ROSENFIELD, SHERYL G**
STREET ADDRESS **13611 Deering Bay Dr. #901**
CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **DV** ☐ Delete
NAME **GLASSMAN, RITA P**
STREET ADDRESS **5701 SW 107 ST**
CITY-ST-ZIP **PINECREST FL 33156**

TITLE **DV** ☒ Change ☐ Addition
NAME **GLASSMAN, RITA P**
STREET ADDRESS **13611 Deering Bay Dr #901**
CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERYL ROSENFIELD, President **4/24/03** **305 259 5002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)