2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P97000059263** ROSENTHAL ENTERPRISES, INC. 04-19-2000 90050 049 ***150.00 Principal Place of Business Mailing Address 3250 S DIXIE HWY 2600-2606 NE 203 ST. MIAMI FL 33180 MIAMI FL 33133-3609 TIUUW 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0767715 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSENTHAL, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 3250 S DIXIE HWY MIAMI FL 33133 Zip Code City FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE Change Addition ☐ Delete ROSENTHAL, VLADIMIR NAME STREET ADDRESS 3250 S DIXIE HWY CITY-ST-ZIP MIAMI FL 33133

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change [Addition TITLE ☐ Delete ROSENTHAL, EVELINA NAME NAME 3250 S DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental leport 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

SIGNATURE:

11.

LADIMIR ROSENTHAL SIGNAUBS AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E034 (9/99