

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094502

1. Entity Name  
HARLEY ROSENTHAL, P.A.

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
04-17-2000 90060 011 \*\*\*150.00

Principal Place of Business  
1940 HARRISON ST., STE. 300  
HOLLYWOOD FL 33020

Mailing Address  
1940 HARRISON ST., STE. 300  
HOLLYWOOD FL 33021-0447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **NOT APPLICABLE**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROSENTHAL, HARLEY  
1940 HARRISON ST., STE. 300  
HOLLYWOOD FL 33020

*3655 S Federal Hwy  
Boulevard Sch. FL  
33435*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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  
TITLE ☒ Delete  
NAME ROSENTHAL, HARLEY  
STREET ADDRESS 1940 HARRISON ST., STE. 300  
CITY-ST-ZIP HOLLYWOOD FL 33020  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3655 S. Federal Hwy  
CITY-ST-ZIP Boulevard Sch. FL 33435  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 I am an officer, director, receiver, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(X)* HARLEY ROSENTHAL 3/23/00 (954) 258-2076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)