

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
 03-21-2001 90054 007 ***150.00

DOCUMENT # P98000001941

1. Entity Name

RODAN ENTERPRISES, INC.

Principal Place of Business

15674 NW 12TH CT.
 PEMBROKE FL 33028

Mailing Address

4000 HOLLYWOOD BLVD., SUITE 350-N
 HOLLYWOOD FL 33021

2. Principal Place of Business

6808 Stirling Rd
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAVE FL

City & State

4. FEI Number 65-0831748

Applied For

Not Applicable

Zip

33024

Country

DA Brown

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSS, CHARLES A
 3845 SW 41 ST.
 PEMBROKE PARK FL 33023

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 State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VP
 NAME MCCABE, ROSEMARIE ☐ Delete
 STREET ADDRESS 15150 NORFOLK LANE *15674-NW 12th*
 CITY-ST-ZIP DAVIE FL 33331 *Pembroke 33028*

TITLE P
 NAME BORREILI, DANIEL J ☐ Delete
 STREET ADDRESS 15150 NORFOLK LANE *Same as above*
 CITY-ST-ZIP DAVIE FL 33331

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
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 information.

SIGNATURE: *Rosemarie McCabe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)