2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027159

1. Entity Name

-ROTH, ROUSSO & BENJAMIN P.A.

ROTH, ROUSSO & DARRACH, P.A.

FILED Mar 19, 2001 8:00 am Secretary of State

03-19-2001 90209 001 *****8.75 03-19-2001 90209 002 ***150.00

Principal Place of Business 9850 3 DIXIE 11WY PH2 MIAMI FL 33158	Mailing Address 9350 S DIXIE HWY PH2 MIAMI PL 33156	<u>``</u>		4 100 (40 0 1 10 110 110 110 110 110 110 110 110 1	3 1 5 8	(1m 1/0/1 10mg/ 1/0h/ 4/1	I(a (a () 1 40)
2. Principal Place of Business 3440 Hollywood Dly Suite, Apt. #, etc. STC 360	Suite, Apt. #, etc.	swood l	Blud.	DC	NOT WRITE IN T	HIS SPACE	
City & State Holl wood Zip Country 33021 USA 6. Name and Address of Curre	City & State Hollywood Zip 3302	Country USA.	5.	Certificate of Status Name and Address		\$8.75 Add Fee Require	
ROTH, LEONARDO A ESQ 9350 S DIXIE HWY PH2 MIAMI FL 33156		City	Roth ddress (P.O. 3440 STE Holly	D. Leon Box Number is Not Holly 1 360	Acceptable Control of State of Florida.	A. Blud. FL Zip Cood	.021
SIGNATURE Signature, typed or printed name of registered ag 9. This corporation is eligible to satisfy its Intangil Tax filing requirement and elects to do so. (See critería on back)	ble FILE NOW!!! After MAY 1, 200		00 i50.00	10. Election Ca	3/ pi mpaign Financing Contribution.		May Be
				<u> </u>			
TITLE NAME ROTH, LEONARDO A STREET ADDRESS CITY-ST-ZIP TITLE NAME ROUSSO, MARK STREET ADDRESS 0350 S DIXIE HWY PH2 ROUSSO, MARK STREET ADDRESS 0350 S DIXIE HWY PH2	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, U STE 34 HOTH ROUSS STE 36	O, MARK	A. Hollywo	Mi-Change bod Blvd	Addition Addition
CITY-ST-ZIP MIAMI FL 33156 TITLE S NAME BENJAMIN, JEFFREY S STREET ADDRESS 9350 S-DIXIE HWY PH2 MIAMI FL 33156	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOILK	<u> </u>	<u>33021</u>	☐ Change	Addition
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DARRI STE 3 Holly	ACH, DONA 60, 3440 WOOD, FC	LD M. Hollywoo	Change God Blud.	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - a			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
13. I hereby certify that the information supplied windicated on this report or supplemental report of the corporation or the receiver of trustee enchanged, or on an attachment with an address.	t is true and accurate and that my	signature shall ha	ave the same	e legal effect as if ma	ide under oath; th	at I am an officer	or director

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16h President

3/5/01

(954) 322-4281

Daytime Phone #