

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91156 028 \*\*\*155.00

DOCUMENT # **P98000053553**

1. Entity Name

**PROSPERITY POINTE SERVICES, INC.**

Principal Place of Business

Mailing Address

**13281 CRISA DR.  
 PALM BCH GDNS,  
 FL 33410**

**P.O. BOX 32274  
 PALM BCH GDNS  
 FL 33420**

2. Principal Place of Business

3. Mailing Address

**521 OLD DIXIE HWY  
 Suite, Apt. #, etc.**

**521 OLD DIXIE HWY  
 Suite, Apt. #, etc.**

City & State

**TEQUESTA, FL**

City & State

**TEQUESTA, FL**

4. FEI Number

**05-0844268**

Applied For

Not Applicable

Zip

Country

**33469**

Zip

Country

**33469**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AMERILAWYER  
 343 AMERIA AVE.  
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name **ROTHENBERG JUDITH A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**521 OLD DIXIE HWY**  
 City **TEQUESTA** FL Zip Code **33469**

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

*Judith A. Rothenberg*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/23/01**  
 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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHENBERG, BRUCE M.</b>	
STREET ADDRESS	<b>13281 CRISA DR.</b>	
CITY-ST-ZIP	<b>PALM BCH GDNS, FL 33410</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> Delete
NAME	<b>ROTHENBERG, JUDITH A.</b>	
STREET ADDRESS	<b>13281 CRISA DR.</b>	
CITY-ST-ZIP	<b>PALM BCH GDNS, FL 33410</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>521 OLD DIXIE HWY.</b>	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>521 OLD DIXIE HWY.</b>	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 empowered.

SIGNATURE:

*Judith A. Rothenberg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/23/01** **561-743-9974**  
 Date Daytime Phone #

CR2E034 (11/00)