

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092796

1. Entity Name

KAISER & ROSENTHAL, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90086 050 ***150.00

Principal Place of Business
20351 N.E. 20TH PLACE
MIAMI FL 33179

Mailing Address
20351 N.E. 20TH PLACE
MIAMI FL 33179-2207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0891499**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAISER, RONALD
20351 N.E. 20TH PLACE
MIAMI FL 33179

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	KAISER, RONALD	20351 N.E. 20TH PLACE	MIAMI FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	ROSENTHAL, BARRY	1303 LAKESHORE BLVD.	TAVARES FL 32878	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
STD	ROSENTHAL, GERI	1303 LAKESHORE BLVD	TAVARES FL 32878	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	KAISER, DALE	20351 N.E. 20TH PLACE	MIAMI FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: [Signature] **RED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 352-253-9201
Date Daytime Phone #

7-1714 (9/99)