

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106440

1. Entity Name

ROOSEVELT PROPERTY MANAGEMENT, INVESTMENT, MAINT

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90020 015 ***150.00

Principal Place of Business

1802-102 N UNIVERSITY DR
186
SUNRISE FL 33322

Mailing Address

1802-102 N UNIVERSITY DR
186
SUNRISE FL 33322

2. Principal Place of Business

3. Mailing Address

1802-102-N-University DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 186

City & State

City & State

PLANTATION FL

Zip

Country

Zip

Country

33322 BROWARD.

4. FEI Number 65-0888378

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, ANDREW R
9370 N.W. 37TH COURT
SUNRISE FL 33351

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS HOWELL, ANDREW
CITY-ST-ZIP 9370 NW 37 COURT
FORT LAUDERDALE FL 33351

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

TITLE ☐ Delete
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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)