## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

## FILED May 28, 2002 8:00 am Secretary of State P99000020438 DOCUMENT # 1. Entity Name 05-28-2002 91507 049 \*\*\*150.00 ANDREW G. ROSENBERG, P.A. Mailing Address Principal Place of Business 8751W BROWARD BLVD 8751W BROWARD BLVD **SUITE 106** SUITE 106 PLANTATION FL 33324 PLANTATION FL 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0917067 City & State Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROSENBERG, ANDREW G 8751 W BROWARD BLVD **SUITE 106.** Zip Code FL City PLANTATION FL 33324 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE Rosalvery Andrew 6. 1645 Victoria Pointe Lave Delete. TITLE NAME ROSENBERG, ANDREW G NAME STREET ADDRESS 1547 ELM GROVE ROAD STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 in report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other control of the corporation or the receiver or trustee empowered as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if CITY-ST-ZIP