

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056616

1. Entity Name

ALPHA RHO ENTERPRISES, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90089 042 \*\*\*150.00

Principal Place of Business

Mailing Address

11325 SW 1ST STREET  
 CORAL SPRINGS FL 33071

11325 SW 1ST STREET  
 CORAL SPRINGS FL 33071-8178

2. Principal Place of Business

3. Mailing Address

Commercial Plaza Barber Shop  
 Suite, Apt. #, etc.

5353 N. State Rd 7  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tamarac

City & State

FL 33319

4. FEI Number

65-0926048

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

Country

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

ROSENTHAL, ARTHUR  
 11325 SW 1ST STREET  
 CORAL SPRINGS FL 33071

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)

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**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 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 D  
 STREET ADDRESS ROSENTHAL, ARTHUR  
 CITY-ST-ZIP 11325 SW 1ST STREET  
 CORAL SPRINGS FL 33071

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

Arthur F. Rosenthal  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2000

Date

(954) 938-0999

Daytime Phone #

CR2E034 (9/99)