

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086014

1. Entity Name

ROSENBLUM FINANCIAL GROUP, INC.

Principal Place of Business

Mailing Address

343 ALMERIA AVENUE
CORAL GABLES FL 33134

343 ALMERIA AVENUE
CORAL GABLES FL 33134-5811

2. Principal Place of Business

3. Mailing Address

6801 Lake Worth Road

the same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 334

City & State
Lake Worth, Florida

City & State

Zip
33467

Country

Zip

Country

4. FEI Number

65-0989651

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name **BARRY ROSENBLUM**

Street Address (P.O. Box Number is Not Acceptable)

6801 LAKE WORTH ROAD STE 334

City **LAKE WORTH**

FL

Zip Code
33467

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **Rosenblum, Barry**
STREET ADDRESS **6801 Lake Worth Road, Suite 344**
CITY-ST-ZIP **Lake Worth, Florida 33467**

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

Barry Rosenblum

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)