

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S10237

1. Entity Name
RON ROSENZWEIG, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90038 036 ***150.00

Principal Place of Business Mailing Address
5642 WINDSONG LN 5642 WINDSONG LN
STUART FL 34997 STUART FL 34997
US US

Change Of Street Address Number

2. Principal Place of Business 3. Mailing Address
5654 Windsong Ln. *5654 Windsong Ln.*
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Stuart, FL *Stuart, FL*
Zip Country Zip Country
34997 *USA* *34997* *USA*

4. FEI Number 65-0277380 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
ROSENZWEIG, RONALD J.
5654 WINDSONG LN.
STUART FL 34997
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 _____ (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, 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROSENZWEIG, RONALD J. | | NAME | | |
| STREET ADDRESS | 5642 WINDSONG LN <i>← (5654)</i> | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROSENZWEIG, CHERYL A. | | NAME | | |
| STREET ADDRESS | 5642 WINDSONG LN <i>← (5654)</i> | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Ronald J. Rosenzweig* Ronald J. Rosenzweig 4-14-01 561-288-4764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)