2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

SIGNATURE

DOCUMENT # S16294 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name ROSENTHAL BUILDERS, INC. 04-10-2000 90037 050 ***150.00 Mailing Address Principal Place of Business 3250 S DIXIE HWY 1100 NE 125TH STREET MIAMI FL 33133-3609 SUITE 106 N MIAMI FL 33161 LIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0237427 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENTHAL, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 3250 S DIXIE HWY **MIAMI FL 33133** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition TITLE TITLE ☐ Delete ROSENTHAL, VLADIMIR NAME NAME STREET ADDRESS 3250 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP MIAMI F; 33133 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROSENTHAL, MIRA NAME 3250 S DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP Addition_ . Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 readiler of that the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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