

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90395 021 ***550.00

DOCUMENT # S23267

1. Entity Name
ROSENTHAL & FELDMAN, P.A.

Principal Place of Business

15061 SO DIXIE HWY
 MIAMI FL 33176
 US

Mailing Address

15061 SO. DIXIE HWY
 MIAMI FL 33176
 US

00142000



~~2. Principal Place of Business~~ **9299 SW 152 ST**
 Suite, Apt. #, etc. **200**

~~3. Mailing Address~~ **9299 SW 152 ST**
 Suite, Apt. #, etc. **200**

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number **65-0239007**

Applied For
 Not Applicable

Zip **33157** Country **FLOR**

Zip **33157** Country **FLOR**

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

KATZ, MITCHELL R
BANK OF AMERICA TOWER
100 SE 2ND STREET STE 3400
MIAMI FL 33131

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD FELDMAN, MICHAEL 15061 S DIXIE HWY MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ROSENTHAL, MARK 15061 S DIXIE HWY MIAMI FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9299 SW 152 ST *200 Miami Florida 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
9299 SW 152 ST *200 Miami, Florida 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 files empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Michael Feldman* **5/28/02** **305-255-0098**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)