

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90090 005 ***150.00

DOCUMENT # S60207

1. Entity Name
 ROSENSTEIN FAMILY INVESTMENT CORPORATION

Principal Place of Business
 9520 S. HOLLYBROOK LAKE DR.
 PEMBROKE PINES FL 33025

Mailing Address
 9520 S. HOLLYBROOK LAKE DR.
 PEMBROKE PINES FL 33025

10001100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0266978

Applied For

Not Applicable

Zip

Country

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

ROSENSTEIN, ALFRED
 9520 S. HOLLYBROOK LANE DR.
 PEMBROKE PINES FL 33025

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

Helen Rosenstein Secy

2/28/03

Signature, typed or printed name of registered agent and dated application

(NOTE: Registered Agent's signature required when re-instating)

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 PD
 NAME ROSENSTEIN, ALFRED
 STREET ADDRESS 9520 S. HOLLYBROOK LANE
 CITY-STATE-ZIP PEMBROKE PINES FL

TITLE STD
 NAME ROSENSTEIN, HELEN
 STREET ADDRESS 9520 S. HOLLYBROOK LANE
 CITY-STATE-ZIP PEMBROKE PINES FL

TITLE VD
 NAME ROSENSTEIN, DAVID M.
 STREET ADDRESS 9520 S. HOLLYBROOK LANE
 CITY-STATE-ZIP PEMBROKE PINES FL

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
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 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

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NAME
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 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-STATE-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.