1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S61631**

Country

ANDREW B. ROSENBLATT, P.A.

|  | <br> |   |   | <br> |  |
|--|------|---|---|------|--|
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|  |      |   |   |      |  |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

## Mailing Address Principal Place of Business 200 S BISCAYNE BLVD 200 S BISCAYNE BLVD S2710 \$2710 MIAMI FL 33131 MIAMI FL 33131 US

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90063 016 \*\*\*150.00



| 1 | DO NOT WRITE IN THI  | S SPACE                           |  |  |
|---|--|-----------------------------------|--|--|
|   | 3. Date Incorporated or Qualifed                                 |                                   |  |  |
|   | 06/20/1991   |                                   |  |  |
|   | 4. FEI Number  | Applied For                       |  |  |
|   | 65-0270152   | Not Applicable                    |  |  |
|   | 5. Certificate of Status Desired                                 | \$8.75 Additional<br>Fee Required |  |  |
|   | Election Campaign Financing     Trust Fund Contribution          | \$5.00 May Be<br>Added to Fees    |  |  |
|   | This corporation owes the current year to  Personal Property Tax | ntangible<br>□ Yes □ No           |  |  |

Personal Property Tax.

25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent ROSENBLATT, ANDREW B. Street Address (P.O. Box Number is Not Acceptable) 82 200 S BISCAYNE BLVD S2710 FIRST UNION FINANCIAL CNTR MIAMI FL 33131 Zip Code 84 85 City

Country

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

| SIGNATURE      | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re | nistered Agent signature of | required when reinstating) DATE                   |
|----------------|---|-----------------------------|---|
| 12.            | OFFICERS AND DIRECTORS  | 13.                         | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TILE           | D DELETE  | 1,1 गाLE                    | ☐ Change ☐ Addition                               |
|                | •   | 1.2 NAME                    |   |
| NAME           | ROSENBLATT, ANDREW B.<br>200 S BISCAYNE BLVD S2710                                      | 1.3 STREET ADDRESS          |   |
| STREET ADDRESS |   |                             | ]   |
| City-St-ZIP    | MIAMI FL  | 1.4 CITY-ST-ZIP             | ☐ Change ☐ Addition                               |
| TITLE          | DELETE  | 2.1 TITLE                   |   |
| NAME           | •   | 2.2 NAME                    |   |
| STREET ADDRESS | والسار بمصروبين المناسبين فوالأوالم الخرجي  | 2.3 STREET ADDRESS          | ·   |
| CITY-ST-ZIP    |   | 2.4 CITY-ST-ZIP             |   |
| TITLE          | DELETE  | 3.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           |   | 3.2 NAME                    |   |
| STREET ADDRESS |   | 3.3 STREET ADDRESS          |   |
| CITY-ST-ZIP    |   | 3.4. CITY-ST-ZIP            |   |
| TITLE          | ☐ DELETE  | 4.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           |   | 4. 2 NAME                   |   |
| STREET ADDRESS |   | 4.3 STREET ADDRESS          | 3   |
| CITY-ST-ZIP    |   | 4.4 CITY-ST-ZIP             |   |
| TITLE          | DELETE  | 5,1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME           | •   | 5.2 NAME                    |   |
| STREET ADDRESS | •   | 5.3 STREET ADDRESS          |   |
| CITY-ST-ZIP    |   | 5.4 CITY+ST-ZIP             |   |
| TIME 2011      | ☐ DELETE  | 6.1 TITLE                   | ☐ Change ☐ Addition                               |
| NAME (***)     |   | 6.2 NAME                    |   |
| CTOCCT ADDOCCO | 大型的 A 18 2 1 2 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2  | 6.3 STREET ADDRESS          | 5   |
| CITY-ST-ZIP    | 3 1 TO 10 16 18 18 18 18 18 18 18 18 18 18 18 18 18                                     | 6.4 CITY+ST-ZIP             | •   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on arrestachment with an address, with all other like empowered.

SIGNATURE:

CULULATUR I REQUIRED

4-9-99 Date