

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90098 008 \*\*\*150.00

**DOCUMENT # V41600**

1. Entity Name  
**ROGER INVESTMENT SERVICES, INC.**



Principal Place of Business  
**% MILTENBERG**  
**3802 N.E. 207 STREET, SUITE 1002**  
**AVENTURA FL 33180**

Mailing Address  
**% MILTENBERG**  
**3802 N.E. 207 STREET, SUITE 1002**  
**AVENTURA FL 33180**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0338514**

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

**FELUREN, MARK S**  
**2200 N COMMERCE PARKWAY SUITE 202**  
**WESTON FL 33326**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST**  
**MILTENBERG, ALISSA** ☐ Delete  
**269 NW 101ST ST**  
**PLANTATION FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DST** ☒ Change ☐ Addition  
**Miltenberg, Alissa**  
**9840 NW 18th Manor**  
**Plantation, FL 33322**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P** ☐ Delete  
**MILTENBERG, BRUCE**  
**3802 N.E. 207 STREET, SUITE 1002**  
**AVENTURA FL 33183**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V** ☐ Delete  
**MILTENBERG, ANDREW**  
**245 FIFTH AVE 901**  
**NEW YORK NY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V** ☒ Change ☐ Addition  
**MILTENBERGM ANDREW**  
**363 Seventh Ave - 5 FL**  
**New York, NY 10001**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*BRUCE MILTENBERG*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03

Date

Daytime Phone #

CR2E034 (10/02)