

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90050 021 \*\*\*150.00

**DOCUMENT # P93000018691**

1. Entity Name  
**R.S.B. OF WEST PALM BEACH, INC.**

Principal Place of Business <b>C/O GARY M. KRASNA P.A.</b> <del>1900 CORP BLVD NW #301</del> <del>BOCA RATON FL 33431</del> <del>US</del>	Mailing Address <b>C/O GARY M. KRASNA P.A.</b> <del>1900 CORP BLVD NW #301</del> <del>BOCA RATON FL 33431</del> <del>US</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3010 North Military Trail</b> Suite, Apt. #, etc. <b>Suite 210</b>	3. Mailing Address <b>3010 North Military Trail</b> Suite, Apt. #, etc. <b>Suite 210</b>
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City & State <b>Boca Raton, FL</b>	City & State <b>Boca Raton, FL</b>	4. FEI Number <b>65-0394938</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33433</b>	Country <b>USA</b>	Zip <b>33431</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>KRASNA, GARY M</b> <b>1900 CORPORATE BLVD-N.W.</b> <b>STE 301W</b> <b>BOCA RATON FL 33431</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3010 North Military Trail</b> <b>Suite 210</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33431</b>
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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 *Gerald Blum* DATE 1/20/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	<b>PTD</b> <b>BLUM, GERALD</b> <b>6482 N PLACITA ALTA REPOSA</b> <b>TUCSON AZ 85750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 like empowered.

SIGNATURE: *Gerald Blum* DATE 1/20/02 DAYTIME PHONE # 570-577-3142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)