

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90026 020 ***150.00

DOCUMENT # K08901

1. Entity Name
RAJMAN BROKERS CORPORATION

Principal Place of Business
1111 KANE CONCOURSE, STE ~~410~~ 607
BAY HARBOR FL 33154
US

Mailing Address
PO BOX 402188
MIAMI BEACH FL 33140-0188
US

C0037481



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1111 KANE CONCOURSE
 Suite, Apt. #, etc.
SUITE # 607

3. Mailing Address
 Suite, Apt. #, etc.

City & State
BAY HARBOR FL

City & State

4. FEI Number **65-0027519**

Applied For
 Not Applicable

Zip
33154

Country
US

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

WASERSTEIN, RICHARD
913 NORMANDY DR. (71ST. ST.)
MIAMI BEACH FL 33141

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, 2001 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	PD RAJMAN, ISSAC 1111 KANE CONCOURSE SUITE 410 607 BAY HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RAJMAN, CLARA 1111 KANE CONCOURSE SUITE 410 607 BAY HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAJMAN, CLARA 1111 KANE CONCOURSE SUITE 410 607 BAY HARBOR FL	<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20/2001 3058688785

Date Daytime Phone #

CR2E034 (10/00)