

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90123 012 \*\*\*150.00

**DOCUMENT # K08901**

**1. Entity Name**  
**RAIJMAN BROKERS CORPORATION**



**Principal Place of Business**  
1111 KANE CONCOURSE  
SUITE #607  
BAY HARBOR FL 33154  
US

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



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0027519

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**

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

**SIGNATURE** *Richard Waserstein*

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

*March 17, 2003*

**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** PD ☐ Delete  
**NAME** RAIJMAN, ISSAC  
**STREET ADDRESS** 1111 KANE CONCOURSE SUITE 607  
**CITY-ST-ZIP** BAY HARBOR FL

☒ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
SUITE 607

**TITLE** VST ☐ Delete  
**NAME** RAIJMAN, CLARA  
**STREET ADDRESS** 1111 KANE CONCOURSE SUITE 607  
**CITY-ST-ZIP** BAY HARBOR FL

☒ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
SUITE 607

**TITLE** D ☐ Delete  
**NAME** RAIJMAN, CLARA  
**STREET ADDRESS** 1111 KANE CONCOURSE SUITE 607  
**CITY-ST-ZIP** BAY HARBOR FL

☒ Change ☐ Addition  
**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**  
SUITE 607

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME** **STREET ADDRESS** **CITY-ST-ZIP**

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

**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:**

*Richard Waserstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*March 17, 2003 305 8688285*

CR2E034 (10/02)