

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90386 030 ***150.00

DOCUMENT # 406221

1. Entity Name
RESOURCES UNLIMITED, INC

Principal Place of Business

**6917 COLLINS AVENUE
 MIAMI BEACH FL 33141**

Mailing Address

**6917 COLLINS AVENUE
 MIAMI BEACH FL 33141**



2. Principal Place of Business

1250 E. Hallandale Beach Blvd.

3. Mailing Address

1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

DO NOT WRITE IN THIS SPACE

City & State
Hallandale, Florida

City & State
Hallandale, Florida

4. FEI Number **13-3184413**

Applied For
 Not Applicable

Zip
33009

Country
US

Zip
33009

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NESTOR, BRENDA
 6917 COLLINS AVENUE
 SUITE 300
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name
Brenda Nestor
 Street Address (P.O. Box Number is Not Acceptable)
1250 E. Hallandale Beach Blvd.
Suite 300
 City **Hallandale** **FL** Zip Code **33009**

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 *Brenda Nestor*
Brenda Nestor, President

(NOTE: Registered Agent signature required when reinstating)

DATE **4/5/02**

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

TITLE **AT** ☐ Delete
 NAME **LAUNER, BLANCHE S.**
 STREET ADDRESS **6917 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VD** ☒ Delete
 NAME **FIELD, USA M.**
 STREET ADDRESS **6917 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **PCCD** ☒ Delete
 NAME **POSNER, VICTOR**
 STREET ADDRESS **6917 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE **VSTC** ☐ Delete
 NAME **NESTOR, BRENDA**
 STREET ADDRESS **6917 COLLINS AVENUE**
 CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Secy/Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**
 CITY-ST-ZIP **Hallandale, Florida 33009**

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

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

TITLE **Chairman/Pres/CEO/AT/AS/Dir** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE **Vice Chairman/ExVP/AT/AS/Dir** ☐ Change ☒ Addition
 NAME **Colvin, Melvin R.**
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**
 CITY-ST-ZIP **Hallandale, Florida 33009**

TITLE **CFO/AT** ☐ Change ☒ Addition
 NAME **McGann Edward T.**
 STREET ADDRESS **1250 E. Hallandale Beach Blvd. Suite 300**
 CITY-ST-ZIP **Hallandale, Florida 33009**

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
Brenda Nestor, President

Date **4/5/02**

Daytime Phone # **954-458-4343**

CR2E034 (9/01)