

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # 537925

1. Entity Name

RETAIL EXECUTIVE SEARCH, INC.

02 JUN 27 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4620 N. State Rd 7 Suite, Apt. #, etc. #212		3. Mailing Address 4620 N. State Rd 7 Suite, Apt. #, etc. #212	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33319	Country USA	Zip 33319	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1753322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Edward Kopelowitz
Street Address (P.O. Box Number is Not Acceptable) 4620 N. State Rd 7 #212
City Fort Lauderdale, FL
Zip Code 33319

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	D, P, T, S Edward Kopelowitz 4620 N. State Rd 7, #212 Fort Lauderdale, FL 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Kopelowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR & Reg. Agent

5/1/2002 (954) 731-2300
Date Daytime Phone #

CR2E034B (12/01)