

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90021 032 \*\*\*\*61.25

<b>DOCUMENT # 844771</b> 1. Entity Name <div style="font-size: 1.2em; font-family: cursive;">RESOLVE INCORPORATED</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">IA</div>			
Principal Place of Business <div style="font-size: 1.1em; font-family: cursive;">4945 RIVERSIDE Dr Coral Springs, FL 33067</div>		Mailing Address <div style="font-size: 1.1em; font-family: cursive;">4945 RIVERSIDE Drive Coral Springs, FL 33067</div>	
2. Principal Place of Business <div style="font-size: 1.1em; font-family: cursive;">274 NE 24<sup>th</sup> COURT</div> Suite, Apt. #, etc.		3. Mailing Address <div style="font-size: 1.1em; font-family: cursive;">274 NE 24<sup>th</sup> COURT</div> Suite, Apt. #, etc.	
City & State <div style="font-size: 1.1em; font-family: cursive;">BOCA RATON, FL</div> Zip <div style="font-size: 1.1em; font-family: cursive;">33431</div> Country <div style="font-size: 1.1em; font-family: cursive;">USA</div>		City & State <div style="font-size: 1.1em; font-family: cursive;">BOCA RATON, FL</div> Zip <div style="font-size: 1.1em; font-family: cursive;">33431</div> Country <div style="font-size: 1.1em; font-family: cursive;">USA</div>	
4. FEI Number <div style="font-size: 1.1em; font-family: cursive;">59-2198171</div>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <div style="font-size: 1.1em; font-family: cursive;">STANLEY R. BRENNER, ESQ. 200 E PALMETTO PARK RD. SUITE 101 BOCA RATON, FL 33432</div>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-size: 1.1em; font-family: cursive;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="text-align: right; width: 150px;">DATE _____</div>			
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <div style="font-size: 1.1em; font-family: cursive;">RACHEL TELVI 4945 RIVERSIDE Drive Coral Springs, FL 33067</div> <input checked="" type="checkbox"/> Delete	D <div style="font-size: 1.1em; font-family: cursive;">ILENE Schips 4953 SW 33<sup>rd</sup> WAY FORT LAUDERDALE, FL 33312</div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <div style="font-size: 1.1em; font-family: cursive;">MARISA RAZZARI 274 NE 24<sup>th</sup> COURT BOCA RATON, FL 33431</div> <input type="checkbox"/> Delete	D <div style="font-size: 1.1em; font-family: cursive;">MARCI RADOSEVICH 611 NE 108<sup>th</sup> TERRACE PEMBROOK PINES, FL 33026</div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	D <div style="font-size: 1.1em; font-family: cursive;">GEORGIE FILKOWSKI 10790 NW 20<sup>th</sup> COURT SUNRISE, FL 33322</div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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 <div style="font-size: 1.2em; font-family: cursive;">Ilene Schips</div> Ilene Schips - President 9/6/01 (554) 893-6621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="text-align: right; width: 150px;"><small>Date Daytime Phone #</small></div>			

CR2E037 (11/00)