

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006287

1. Entity Name
FIRST RB CAPITAL CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90146 030 ***150.00

Principal Place of Business

6565 LAS FLORES DR.
BOCA RATON FL 33433

Mailing Address

6565 LAS FLORES DR.
BOCA RATON FL 33442-9571

2. Principal Place of Business

21150 FALLS RIDGE WAY
Suite, Apt. #, etc.

3. Mailing Address

21150 FALLS RIDGE WAY
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL.

Zip Country
33428 USA

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BOCA RATON, FL.

Zip Country
33428 USA

4. FEI Number 65-0774572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORTIER, CAROL
6565 LAS FLORES DR.
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name CAROL FORTIER
Street Address (P.O. Box Number is Not Acceptable)
21150 FALLS RIDGE WAY
City BOCA RATON FL Zip Code 33428

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PDC FELDMAN, CLIFF 6565 LAS FLORES DR. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDC FINKELSTEIN, BEN 6565 LAS FLORES DR. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINKALSTEIN, ROLANDE 1481 S. OCEAN BLVD - #306 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDMAN, CAROL 6565 LAS FLORES DR. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, CLIFFORD 6565 LAS FLORES DR. BOCA RATON FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINKELSTEIN, BEN 1481 S. OCEAN BLVD - #306 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.

SIGNATURE BEN FINKELSTEIN 4-17-00 561-852-949K
CHECK #1846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)