

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006287

1. Entity Name

FIRST RB CAPITAL CORP.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90157 006 ***150.00

0297583

Principal Place of Business

21150 FALLS RIDGE WAY
BOCA RATON FL 33428
US

Mailing Address

21150 FALLS RIDGE WAY
BOCA RATON FL 33428
US

00039695

2. Principal Place of Business

4401 W. HILLSBORO BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

COCONUT CREEK, FL.

City & State

4. FEI Number 65-0774572

Applied For

Not Applicable

Zip

33073

Country

USA

Zip

Country

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

FORTIER, CAROL
21150 FALLS RIDGE WAY
BOCA RATON FL 33428

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC
NAME FELDMAN, CLIFF
STREET ADDRESS 6565 LAS FLORES DR.
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE VTDC
NAME FINKELSTEIN, BEN
STREET ADDRESS 6565 LAS FLORES DR.
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE P
NAME FINKALSTEIN, ROLANDE
STREET ADDRESS 1481 S. OCEAN BLVD - #306
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

TITLE S
NAME FELDMAN, CAROL
STREET ADDRESS 6565 LAS FLORES DR.
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE VP
NAME FELDMAN, CLIFFORD
STREET ADDRESS 6565 LAS FLORES DR.
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

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

TITLE T
NAME FINKELSTEIN, BEN
STREET ADDRESS 1481 S. OCEAN BLVD - #306
CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Delete

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

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: *BEN FINKELSTEIN* BEN FINKELSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01 (954) 725-6070
Date Daytime Phone #

CR2E034 (10/00)