

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003105

1. Entity Name  
RESOURCE INTERNATIONALE INC.

Principal Place of Business  
1550 MADRUGA AVE. SUITE 210  
CORAL GABLES FL 33146

Mailing Address  
1550 MADRUGA AVE. SUITE 210  
CORAL GABLES FL 33146

2. Principal Place of Business  
HOME  
Suite, Apt. #, etc.  
1550  
City & State  
Coral Gables  
Zip Country  
PL 33146

3. Mailing Address  
1172 S Dnie Hwy MB  
Suite, Apt. #, etc.  
194

4. FEI Number  
NOT APPLICABLE

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
COLAS-GERVAIS, SHERI  
1550 MADRUGA AVE, SUITE 210  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent  
Name: Resource Internationale, inc  
Street Address (P.O. Box Number is Not Acceptable)  
114175 SW 109 Place  
City: Miami FL Zip Code: 33176-8478

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: JEAN Gervais  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GERVAIS, JEAN W 1550 MADRUGA AVE, SUITE 312 CORAL GABLES FL 33146	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Gervais Jean W</u> 1172 S Dnie Hwy 194 Coral Gables FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD COLAS-GERVAIS, SHERI 1550 MADRUGA AVE, SUITE 312 CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: JEAN W Gervais

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02-305667-0402

Date

Daytime Phone #

CR2E034 (9/01)