

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90115 022 ***150.00

DOCUMENT # H94712

1. Entity Name

R.E.S. CAPITAL ENTERPRISES, INC.

Principal Place of Business

Mailing Address

ATTN: ROBERT SCHUR
 501 BRICKELL KEY DR #300
 MIAMI FL 33131-9608

ATTN: ROBERT SCHUR
 501 BRICKELL KEY DR #300
 MIAMI FL 33131-2624

2. Principal Place of Business

3. Mailing Address

ATTN: ROBERT SCHUR
 Suite, Apt. #, etc.
5250 NORTH KENDALL DR.

ATTN: ROBERT SCHUR
 Suite, Apt. #, etc.
5250 NORTH KENDALL DR.



DO NOT WRITE IN THIS SPACE

City & State

City & State

CORAL GABLES, FL

CORAL GABLES, FL

4. FEI Number **59-2630310**

Applied For
 Not Applicable

Zip **33156-2124**

Country **USA**

Zip **33156-2124**

Country **USA**

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

SCHUR, ROBERT E.
 501 BRICKELL KEY DR #300
 MIAMI FL 33131-9608

Name **ROBERT SCHUR**

Street Address (P.O. Box Number is Not Acceptable)

5250 NORTH KENDALL DRIVE

City **CORAL GABLES** FL Zip Code **33156-2124**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **SCHUR, ROBERT E.**
 STREET ADDRESS **501 BRICKELL KEY DR #300**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** Change Add
 NAME **ROBERT SCHUR**
 STREET ADDRESS **5250 NORTH KENDALL DRIVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33156-2124**

TITLE **S** Delete
 NAME **SCHUR, CAHTERINE**
 STREET ADDRESS **5250 SW 88 ST**
 CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE **S** Change Add
 NAME **CATHERINE SCHUR**
 STREET ADDRESS **5250 NORTH KENDALL DRIVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33156-2124**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
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 CITY-ST-ZIP

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TITLE Change Add
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 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)(l), 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: *Robert Schur*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00 (305) 661-2003
 Date Daytime Phone #