

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90024 009 \*\*\*150.00

**DOCUMENT # H94712**

1. Entity Name  
**R.E.S. CAPITAL ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>ATTN: ROBERT SCHUR</b> <b>5250 NORTH KENOALL DR.</b> <b>MIAMI FL 33156-2124</b> <b>US</b>	Mailing Address <b>ATTN: ROBERT SCHUR</b> <b>5250 NORTH KENOALL DR.</b> <b>MIAMI FL 33156-2124</b> <b>US</b>
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2. Principal Place of Business <b>ATTN: ROBERT SCHUR</b> Suite, Apt. #, etc. <b>5250 NORTH KENDALL DR.</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33156-2124</b> Country <b>U.S.</b>	3. Mailing Address <b>ATTN: ROBERT SCHUR</b> Suite, Apt. #, etc. <b>5250 NORTH KENDALL DR.</b> City & State <b>CORAL GABLES, FL</b> Zip <b>33156-2124</b> Country <b>U.S.</b>
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4. FEI Number <b>59-2630310</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**SCHUR, ROBERT E.**  
**5250 NORTH KENDALL DROVE**  
**CORAL GABLES FL 33156-2129**

7. Name and Address of New Registered Agent  
 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SCHUR, ROBERT E.</b> <b>5250 NORTH KENDALL DRIVE</b> <b>CORAL GABLES FL 33156-2124</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SCHUR, CAHTERINE</b> <b>5250 NORTH KENDALL DRIVE</b> <b>CORAL GABLES, FL 33156-2124</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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: Robert Schur, President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02 (305) 661-2003  
 Date Daytime Phone #

CR2E034 (9/01)