

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-08-2002 90008 018 ***150.00

04/30/02 10:24 EMI CONSULTING + 14164858919

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J01817

1. Entity Name

RESCOM INVESTMENTS, INC.

Principal Place of Business

1870 BAYVIEW AVENUE
SUITE 400
TORONTO ON M4G0C 2
US

Mailing Address

1870 BAYVIEW AVENUE
SUITE 400
TORONTO ON M4G0C 2
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-5365918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELDMAN, ALAN (MR)
17842 DEALMILLE LN
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name

ANDY JACOBSON

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

207 WOODBURN COURT

PALM BEACH GARDENS

City

FL

Zip Code

334628

8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

Signature of person named as registered agent and file # (signature)

NOT: Registered Agent's signature must be in ink and legible

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE

P
FELDMAN, ALAN A.
1870 BAYVIEW AVENUE, SUITE 400
TORONTO ON M4G0C 2

TITLE

DC
FELDMAN, BEVERLEE
1870 BAYVIEW AVENUE, SUITE 400
TORONTO ON M4G0C 2

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

☐ Change ☐ Addition

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NAME

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CITY ST ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

[Signature] ALAN FELDMAN

APR 30/02

This service area is provided for your internal use.
Service must be marked on airbill.

FedEx Service:

PRIORITY OVERNIGHT THU

FedEx
emp# 421515 12JUN02

TRK# 8337 0510 8660 0215

Deliver By:
13JUN02 AA

32399 -FL-US

XB TLHA

FedEx USA Airbill

8337 0510 8660

48 Express Paid

1 From This portion can be removed for Recipient's records

833705108660

Date 6/14/02

FedEx Tracking Number

Sender's Name

Anders Jacobson

Company

COHEN MORRIS SCHERER ETAL

Address

712 US HIGHWAY 1 STE 400

City

NORTH PALM BEACH

State

FL

ZIP

33408

2 Your Internal Billing Reference

3 To

Recipient's Name

Department of State

Company

Division of Conservation

Address

409 East Gaines Street

City

Tallahassee

State

FL

ZIP

32399

RECIPIENT: PEEL HERE

5 Packaging

Special Handling

SATURDAY Delivery

Does this shipment contain dangerous goods?

No

Yes

Payment Bill to:

Sender

Recipient

Third Party

Credit Card

Card/Check

Other

Signature

Signature

Signature

Signature

Signature

Signature

Signature

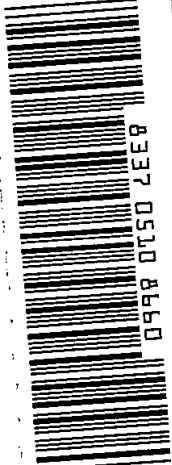
Signature

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0210797856

155475WMD
155476BULK
REV 5/01 RT



100% Recycled Paperboard
MINIMUM 35% POST-CONSUMER CONTENT