

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08901

1. Entity Name
RAJMAN BROKERS CORPORATION

Principal Place of Business
**1111 KANE CONCOURSE, STE #607
BAY HARBOR FL 33154
US**

Mailing Address
**PO BOX 402188
MIAMI BEACH FL 33140-0188
US**

2. Principal Place of Business
1111 KANE CONCOURSE
Suite, Apt. #, etc.
SUITE # 607

3. Mailing Address
Suite, Apt. #, etc.

City & State
BAY HARBOR FL

City & State

Zip
33154 Country
US

Zip Country

4. FEI Number **65-0027519**

Applied For
Not Applicable

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

**WASERSTEIN, RICHARD
913 NORMANDY DR. (71ST. ST.)
MIAMI BEACH FL 33141**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAJMAN, ISSAC 1111 KANE CONCOURSE SUITE #607 BAY HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST RAJMAN, CLARA 1111 KANE CONCOURSE SUITE #607 BAY HARBOR FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAJMAN, CLARA 1111 KANE CONCOURSE SUITE #607 BAY HARBOR FL	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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)(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: *Issac Rajman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 20/2001 3058688785
Date Daytime Phone #

FILED
Mar 26, 2001 8:00 am
Secretary of State
03-26-2001 90026 020 ***150.00

C0037481



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)