

2001 UNIFORM BUSINESS REPORT (UBR)

001650 AF

DOCUMENT # L00000000881

1. Entity Name
RS PROPERTIES LLC

FILED

01 FEB -5 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE E. BROWARD BLVD., STE. 1600
FT. LAUDERDALE FL 33301

Mailing Address
ONE E. BROWARD BLVD., STE. 1600
FT. LAUDERDALE FL 33301

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
50 SUTTON PL. SO.
144

City & State
NEW YORK, N.Y.

Zip
10022

Country

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

000003672960--6
-02/09/01--01096--013
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
RICHARD SHARKEN
50 SUTTON PL. SO.
NEW YORK NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard Sharken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/01 212 807 7744
Date Daytime Phone #

CR2E083 (11/00)