

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L85840**

1. Entity Name

RESOURCES FINANCIAL, INC.**FILED****Feb 19, 2000 8:00 am**
Secretary of State

02-19-2000 90028 036 ***150.00

Principal Place of Business

Mailing Address

**4793 FOUNTAINS DRIVE
LAKE WORTH FL 33467****4793 FOUNTAINS DRIVE
LAKE WORTH FL 33467-5076**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0215256**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KOCHMAN, RONALD S.
777 S. FLAGLER DR.
WEST TOWER, SUITE 1002
W. PALM BEACH FL 33401**

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPT	SCHAPIRO, HARRY	4793 FOUNTAINS DR LAKE WORTH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DVS	SCHAPIRO, RICHARD	33 TOMPKINS RD SCARSDALE NY-10583	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	EPSTEIN, MARILYN	38 FOREST DR. PLAINVIEW NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	DIETZ, JUDITH	203 HIGH GATE RD. ITHACA NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SALK, GAIL	603 ELM ST. EXTENSION ITHACA NY	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY SCHAPIRO

Date

Feb 1, 2000

Daytime Phone #

561-968-4503**561-968-4503**