

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85840

1. Entity Name

RESOURCES FINANCIAL, INC.

Principal Place of Business

4793 FOUNTAINS DRIVE  
LAKE WORTH FL 33467

Mailing Address

4793 FOUNTAINS DRIVE  
LAKE WORTH FL 33467

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

65-0215256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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, 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

TITLE DPT ☐ Delete  
NAME SCHAPIRO, HARRY  
STREET ADDRESS 4793 FOUNTAINS DR  
CITY-ST-ZIP LAKE WORTH FL

TITLE DVS ☐ Delete  
NAME SCHAPIRO, RICHARD  
STREET ADDRESS 33 TOMPKINS RD  
CITY-ST-ZIP SCARSDALE NY 10583

TITLE D ☐ Delete  
NAME EPSTEIN, MARILYN  
STREET ADDRESS 38 FOREST DR.  
CITY-ST-ZIP PLAINVIEW NY

TITLE D ☐ Delete  
NAME DIETZ, JUDITH  
STREET ADDRESS 203 HIGH GATE RD.  
CITY-ST-ZIP ITHACA NY

TITLE D ☐ Delete  
NAME SALK, GAIL  
STREET ADDRESS 603 ELM ST. EXTENSION  
CITY-ST-ZIP ITHACA NY

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 empower.

SIGNATURE: *HARRY S. SCHAPIRO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01

Date

Daytime Phone #

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90365 010 \*\*\*150.00

816741



DO NOT WRITE IN THIS SPACE

0321005

CR2E034 (10/00)