


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90074 016 ***400.00
07-21-2003 90128 032 ***150.00

DOCUMENT # L85840					
1. Entity Name RESOURCES FINANCIAL, INC.					
Principal Place of Business 4793 FOUNTAINS DRIVE LAKE WORTH FL 33467			Mailing Address 33 TOMPKINS ROAD SCARSDALE NY 10583		
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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAPIRO, RICHARD		NAME		
STREET ADDRESS	33 TOMPKINS RD		STREET ADDRESS		
CITY-ST-ZIP	SCARSDALE NY 10583		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPSTEIN, MARILYN		NAME		
STREET ADDRESS	38 FOREST DR.		STREET ADDRESS		
CITY-ST-ZIP	PLAINVIEW NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIETZ, JUDITH		NAME		
STREET ADDRESS	203 HIGH GATE RD.		STREET ADDRESS		
CITY-ST-ZIP	ITHACA NY		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALK, GAIL		NAME		
STREET ADDRESS	603 ELM ST. EXTENSION		STREET ADDRESS		
CITY-ST-ZIP	ITHACA NY		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SCHAPIRO			SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RICHARD SCHAPIRO		
			Date July 16, 2003 Daytime Phone # 212-847-5887		

CR2E034 (4/03)