

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90051 036 ***550.00

DOCUMENT # M13575

1. Entity Name
RAS SYSTEMS, INC.

Principal Place of Business

**C/O RICHARD STEINMAN
 18280 W. DIXIE HWY.
 N. MIAMI BEACH FL 33160**

Mailing Address

**C/O RICHARD STEINMAN
 18280 W. DIXIE HWY.
 N. MIAMI BEACH FL 33160**

2. Principal Place of Business

C/O Richard Steinman

Suite, Apt. #, etc.
9219 Arborwood Cir.

City & State
DAVIE FL

Zip
33328

Country
USA

3. Mailing Address

← SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2519691**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STEINMAN, RICHARD
 18280 W. DIXIE HWY.
 N. MIAMI BEACH FL 33160**

7. Name and Address of New Registered Agent

Name **Steinman, Richard**
 Street Address (P.O. Box Number is Not Acceptable)
9219 Arborwood Circle
 City **DAVIE** FL Zip Code **33328**

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 **Richard Steinman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-2-02

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, 2002 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 **PD**
 NAME **STEINMAN, RICHARD**
 STREET ADDRESS **18280 W. DIXIE HWY**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **Steinman, Richard**
 STREET ADDRESS **9219 Arborwood Circle**
 CITY-ST-ZIP **DAVIE, FL 33328**

☒ Change ☐ Addition

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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: **Richard Steinman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-2-02 3053024302

Date

Daytime Phone #

CR2E034 (9/01)