

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90301 036 ***150.00

0382319 AV

DOCUMENT # P00000044446

1. Entity Name
RBIZ CORP.

Principal Place of Business
**2499 GLADES ROAD STE 210
 BOCA RATON FL 33431**

Mailing Address
**2499 GLADES ROAD STE 210
 BOCA RATON FL 33431**



2. Principal Place of Business
**600 FAIRWAY DR.
 Suite, Apt. #, etc.
 103-B**

3. Mailing Address
**600 FAIRWAY DR.
 Suite, Apt. #, etc.
 103-B**

City & State
DEERFIELD BEACH, FL DE

Zip Country
33441 U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1072785** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**CHEFAN, JUDY
 2499 GLADES ROAD STE 210
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
 Name **CHEFAN, JUDY**
 Street Address (P.O. Box Number is Not Acceptable)
600 FAIRWAY DR. #103-B
 City **DEERFIELD BEACH** State **FL** Zip Code **33441**

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 *Judy Chefan* Judy Chefan 4/25/02
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMBISZ, ROBERT 2499 GLADES ROAD STE 210 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REMBISZ, ROBERT 600 FAIRWAY DR. #103-B DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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: *Judy Chefan* Judy Chefan 4/25/02 954-571-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)