


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90113 037 \*\*\*150.00

**DOCUMENT # P00000068892**

1. Entity Name  
**R & S REALTY MANAGEMENT, INC.**



Principal Place of Business  
**437 GOLDEN ISLES DRIVE  
16E  
HALLANDALE FL 33009  
US**

Mailing Address  
**437 GOLDEN ISLES DRIVE  
16E  
HALLANDALE FL 33009  
US**



2. Principal Place of Business  
**3061 EXETER D**

3. Mailing Address  
**3061 EXETER D**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33434**

Country  
**US**

Zip  
**33434**

Country  
**US**

4. FEI Number **65-1031156**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LEWKOWICZ, MIRIAM  
437 GOLDEN ISLES DRIVE  
HALLANDALE FL 33009**

**7. Name and Address of New Registered Agent**

Name **LEWKOWICZ, MIRIAM**

Street Address (P.O. Box Number is Not Acceptable)  
**3061 EXETER D**

City **BOCA RATON** FL Zip Code **33434**

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 *Miriam Lewkowicz* DATE **3/2/03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEWKOWICZ, MIRIAM</b>
STREET ADDRESS	<b>437 GOLDEN ISLES DRIVE APT 16E</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWKOWICZ, MIRIAM</b>
STREET ADDRESS	<b>3061 EXETER D</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWKOWICZ, ABRAM</b>
STREET ADDRESS	<b>3061 EXETER D</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 I am empowered.

SIGNATURE: *Miriam Lewkowicz* DATE **3/2/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #