## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002	2 UNIFORM BUS	INESS REPO	RT (UBI	R)	Fab 25	ILED	00 am	
DOCUMENT # P0100096894  1. Entity Name					Feb 25, 2002 8:00 am Secretary of State			
R&B ENT	ERPRISES, INC.					2 90088 033 ***		
Principal Plac	ce of Business	Mailing Address						
5500 NW 51S COCNUT CRE	T AVENUE	5500 NW 51ST AVENUE COCNUT CREEK FL 33073				<b></b>	18118 (811) 4481 1881	
2 Principal F	Place of Business	3. Mailing Address						
2680 € Suite, Apt.	E. Atlantic Blvd.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
· <u>· · · · · · · · · · · · · · · · · · </u>								
Pompur	ro Beach, FL	City & State			FEI Number <b>30 -00 2 3 2</b>		Applied For Not Applicable	
3306	2 USA	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 Fee Red	Additional quired	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New	Registered Agent		
HASSEL,	BRIAN 51ST AVENUE		Street A	treet Address (P.O. Box Number is Not Acceptable)				
	CREEK FL 33073							
			City			FL Zip	Code	
8. The above	named entity submits this statement for	r the purpose of changing its re	gistered office o	r registered aç	gent, or both, in the State of F	lorida.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	tegistered Agent signat	ure required when r	einstating)	DATE		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria 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 \$5.00 May Be Trust Fund Contribution.  Added to Fees			
11.	OFFICERS AND		12.	AC	DDITIONS/CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	D. HASSEL, BRIAN 5500 NW 51ST AVENUE COCNUT CREEK FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[_] Chai	inge Addition	
TITLE NAME STREET ADDRESS		. Delete	TITLE NAME STREET ADDRESS		resident ta Servi deo NW 51st Aver	□ Cha	nge Addition	
CITY-ST-ZIP -		☐ Delete	CITY-ST-ZIP	Secre	rut Geet, FL Harv	_ <b>3307-5</b> Cha	ange Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	Rosa 4292 Decr4	Servideo NW 1St Place eld Bch FL3	L 3442		
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			[] Cha	nge Addition	
CITY-ST-ZIP TITLE		□ Delete	CITY-ST-ZIP			Cha	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete .	NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	☐ Chai	nge Addition	
indicated of the cor		true and accurate and that my wered to execute this report as	signature shall he required by Cha	ave the same	legal effect as if made under	oath; that I am an of	ficer or director	