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

**DOCUMENT #** 

P01000102428

1. Entity Name R J S REALTY INC. :

SIGNATURE: 🔀



## **FILED** Feb 03, 2003 8:00 am Secretary of State 02-03-2003 90135 019 \*\*\*150.00

Daytime Phone #

Principal Place of Business 3899 NW 7TH STREET SUITE 203 MIAMI FL 33126  2. Principal Place of Business		Mailing Address 3899 NW 7TH STREET SUITE 203 MIAMI FL 33126  3. Mailing Address				: 180/1901   111 00/41 1/6/1 00/41 00/61	<b></b>	1 <b>1</b> (1811 <b>618)</b> 2	11 <b>02</b> (101(100)		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	e	City & State			<b>4.</b> F	65-0807328			oplied For	}	
Zip	Country	Country Zip		Country					3.75 Additional Required		
	6. Name and Address of Curren	t Registered Agent			7. N	iame and Address of New Rec	istered A	gent		]	
RADNAY,	richard 7th Street Suite 203	- <del></del>	Name Street Address		s (P.O. Box Number is Not Acceptable)						
MIAMI FL			<u> </u>								
MIAWI FL	33 120		,	City		<u>-</u>	FL	Zip Coo	de		
	named entity submits this statement fi ions of registered agent.	for the purpose of changing it	ts registere	ed office or regist	tered ag	ent, or both, in the State of Florid	da. I am fa	miliar with,	and accept		
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NC	TE: Registere	d Agent signature requi	red when re	ninstating)	DATE				
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department		٠. س			Election Campaign Final Trust Fund Contribution.	ncing		00 May Be d to Fees	}	
10.	OFFICERS AND DIRECTORS		11.	11.		DITIONS/CHANGES TO OFFIC	ERS AND I	DIRECTOR		] _	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADNAY, RICHARD 3899 NW 7TH STREET SUITE 2 MIAMI FL 33126	□ Delete	NAM Stre	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Change	☐ Addition	F034 (10/02	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Delete RADNAY, SUZANNAH 3899 NW 7TH STREET SUITE 203 MIAMI FL 33126							☐ Change	Addition	CRO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HETZRONI, JENNIFER 3899 NW 7TH STREET SUITE 2 MIAMI FL 33126	STREET SUITE 203		TITLE NAME STREET ADDRESS* CITY-ST-ZIP				□ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					ŕ	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete						☐ Change	☐ Addition		
indicated of the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emp , or on an attachment with an address	is true and accurate and that powered to execute this repo	t my signa rt as requi	ture shall have th	ie same	legal effect as if made under oa	th; that i ar	n an officei	r or director		

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE