

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90164 036 ***150.00

DOCUMENT # **P02000006179**

1. Entity Name

RS SYSTEMS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4699 N. FEDERAL Hwy

Suite, Apt. #, etc.

#110

City & State

Pompano Beach, FL.

Zip

33064

Country

3. Mailing Address

3351 N.W. 69 CT.

Suite, Apt. #, etc.

1

City & State

FORT LAUDERDALE, FL.

Zip

33309

Country

4. FEI Number

02-0538241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

KEN CHACE

Street Address (P.O. Box Number is Not Acceptable)

3351 N.W. 69 CT.

City

FORT LAUDERDALE

FL

Zip Code

33309

**DO NOT WRITE
IN THIS SPACE**

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

KEN CHACE

4/28/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D RAYMOND MANGICAPRA 5424 N.W. 24TH ST. MARGATE, FL. 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D KEN CHACE 3351 N.W. 69 CT. # FT. LAUD, FL. 33309
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

KEN CHACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003 (954) 295-6270

Date

Daytime Phone #

CR2E034B (12/02)