

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 0200009739**

1. Entity Name

RWB PROPERTIES, INC.

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FILED
03 SEP -5 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
10211 PINES BOULEVARD STE 112

3. Mailing Address
c/o ANDREW L. REIFF

Suite, Apt. #, etc.
SUITE 112

Suite, Apt. #, etc.
P.O. BOX 1059

City & State
PEMBROKE PINES, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
30-0125369

Applied For
Not Applicable

Zip
33026

Country

Zip
32802

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ANDREW L. REIFF

Street Address (P.O. Box Number is Not Acceptable)
135 W. CENTRAL BLVD.

SOUTHTRUST BANK BUILDING, SUITE 730

City
ORLANDO

FL

Zip Code
32801

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

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAY, HUGH
c/o ANDREW L. REIFF, PA/P.O. BOX 1059
ORLANDO, FLORIDA 32802-1059**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
09/05/03 01033 001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAY, MARY
c/o ANDREW L. REIFF, PA/P.O. BOX 1059
ORLANDO, FLORIDA 32802-1059**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**600022789546
09/05/03--01033--001 **150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAY, GEORGE JR.
c/o ANDREW L. REIFF, PA/P.O. BOX 1059
ORLANDO, FLORIDA 32802-1059**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, ALEX
10211 PINES BLVD., SUITE 112
PEMBROKE PINES, FLORIDA 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BALDWIN, JOSEPH
310 PROSPECT AVE., APT 228
HACKENSACK, NEW JERSEY 07601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **A**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)