2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000013821

1. Entity Name

RSW BROKERAGE, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90014 020 ***150.00

Principal Place	····· ·	Mailing Address Hati SEE STEE SVENUE MIAMI FL 33176								
	Place of Business 100 AV	3. Mailing Address 13856 SW 100 AV Suite, Apt. #, etc.				1 198 (1881) 10 18196 (1711 981) 1 B		18 11181 ISHB	&	
Suite, Apt.						CHECK HERE IF MAKING CHANGES				
City & State MIAMI FL				3176		4. FEI Number 11-3067227	•		Applied For Not Applicable	<u> </u>
331	176 ESUSA 33176		Count	try ISA		5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				Names		7. Name and Address of New Registered Agent				7
WALLACH, RICHARD S. 1 /401 SW 8/TH AV ENUE				Street Address (P.O. Box Number is Not Acceptable)						-
MIAMI-FL 99176										1
				MIG	m		FL	Zip Cor	e 2176	
The above the obligat	named entity submits this statement for ions of registered age///	r the purpose of changing its re	gistere	ed office or	registered	d agent, or both, in the State of Flo	orida. I am fai	niliar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE: E	Registeren	Agent signati	re required wh	hen reinstating)	6/03 DATE			
F	ILE NOW!!! FEE IS \$150.00	To the Happicade. (NOTE. F	registered	Agent signati	ore regaried wi	in reinstaury)	/ DATE	-		-
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Fit Trust Fund Contribution			00 May Be ed to Fees	
10.	OFFICERS AND I		11.		···	ADDITIONS/CHANGES TO OFF				_ [
	PT RICHARD S. WALLACH	☐ Delete	TITLE NAME					Change	Addition	(10/02
STREET ADDRESS	14401 SW 87TH AVE-		STREE	ET ADDRESS	1385	6 SW 100 AV MI FL 33176				F034 (1
	MIAMILEL_ VS		-	ST-ZIP	MIA	MI FL 33176				
TITLE NAME	ROWENA WALLACH	☐ Delete	TITLE NAME				ļ	Change	Addition] i
STREET ADDRESS	11401-SW-87TH AVE			T ADDRESS		5 SW 106 W				
CITY-ST-ZIP	MI AMI-FL-		-	ST-ZIP	MIAW	11 FL 33176				-
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NAME STREET ADDRESS			NAME STREE	T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
of the corr	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that my wered to execute this report as	signatu	ire shall ha	eve the sar	me legal effect as if made under a	hath: that I am	an officer	or director	