

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000039369

1. Entity Name

RS ARTISTS, INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90019 036 \*\*\*550.00

Principal Place of Business

%STEVEN E. GOLDMAN  
1221 BRICKELL AVE.  
MIAMI FL 33131

Mailing Address

%STEVEN E. GOLDMAN  
1221 BRICKELL AVE.  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0433867

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, STEVEN E  
5252 LAGORCE DRIVE  
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name GOLDMAN, STEVEN E.

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

5757 COLLINS AVENUE, PH 2

City MIAMI BEACH

FL

Zip Code 33140

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 DPT  
NAME GOLDMAN, STEVEN E  
STREET ADDRESS 5252 LAGORCE DRIVE  
CITY-ST-ZIP MIAMI BEACH FL 33155 ☐ Delete

TITLE DS  
NAME ULLOA, RICHARD  
STREET ADDRESS 5753 S.W. BIRD RD.  
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 5757 COLLINS AVENUE, PH 2  
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 4705 SW 147 COURT  
CITY-ST-ZIP MIAMI, FL 33193 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 July 2000 305-579-0561  
Date Daytime Phone #

CR2E (04/01/00)