

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080315

1. Entity Name
R. F. INSURANCE SERVICES, INC.

Principal Place of Business Mailing Address
3797 N.E. 170 STREET **3797 N.E. 170 STREET**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country

FILED
01 DEC 12 AM 8:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0443843** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERBER, ROBERT
3797 N.E. 170 STREET
NORTH MIAMI BEACH FL 33160

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE: **DP**
NAME: **FERBER, ROBERT**
STREET ADDRESS: **3797 N.E. 170 STREET**
CITY-ST-ZIP: **NORTH MIAMI BEACH FL 33160**

TITLE: **500004745115--3**
NAME: **-12/31/01--01058--011**
STREET ADDRESS: ******150.00 ****150.00**
CITY-ST-ZIP:

TITLE: **VP**
NAME: **FERBER, GLORIA**
STREET ADDRESS: **3797 NE 170 ST**
CITY-ST-ZIP: **N MIAMI BCH FL 33160**

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NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Robert Ferber* 10/25/01 305-354-7166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1003

0198634

CR2E034 (10/00)

203

From the Desk of
BOB FERBER

on 12 / 6 / 01

TO: Ms. Michelle Milligan

RE: R. F. INSURANCE SERVICES, INC.

I am enclosing letter from my doctor to explain the reason I was not able to file in a timely manner.

My family and I would greatly appreciate it if you would accept the enclosed check, and re-instate corp.

Thanking you for your kindness + cooperation in this matter, I remain

Very truly yours
Robert Ferber

303

JEFFREY L. LEBOW, D. O., P. A.

FAMILY MEDICINE

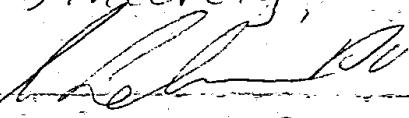
EASTERN SHORES MEDICAL CENTER
3435 N. E. 163RD STREET
NORTH MIAMI BEACH, FLORIDA 33160
TELEPHONE (305) 947-3700

12-5-01

To Whom it may concern:
RE: Ferber, Robert

The above captioned patient is under my care from February 2001. He is diagnosed with chronic Fatigue Syndrome & Fibromyalgia. If any questions please don't hesitate in calling.

Sincerely,


Jeffrey L. Lebow, D.O.