

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FERBER, ROBERT</b> <b>3797 N.E. 170 STREET</b> <b>NORTH MIAMI BEACH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FERBER, GLORIA</b> <b>3797 NE 170 ST</b> <b>N MIAMI BCH FL 33160</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>500004745115--3</b> <b>-12/31/01--01058--011</b> <b>****150.00    ****150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert Ferber      10/25/01      305-354-7166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*10/23*

0198634 / CR2E034 (10/00)

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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

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

FAMILY MEDICINE

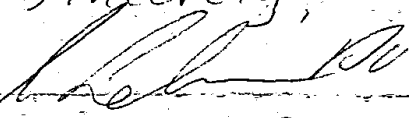
EASTERN SHORES MEDICAL CENTER  
3435 N. E. 163RD STREET  
NORTH MIAMI BEACH, FLORIDA 33160  
TELEPHONE (305) 947-3700

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.