


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90126 026 ***150.00

DOCUMENT # P93000080315

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



Principal Place of Business
~~3797 N.E. 170 STREET~~
~~NORTH MIAMI BEACH FL 33160~~

Mailing Address
~~3797 N.E. 170 STREET~~
~~NORTH MIAMI BEACH FL 33160~~

11011525



2. Principal Place of Business
7225 HAVILAND CIRCLE BOYNTON BEACH, FL

3. Mailing Address
7225 HAVILAND CIRCLE BOYNTON BEACH, FL

CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

Zip
33437

Country
PALM BEACH

Zip
33437

Country
PALM BEACH

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

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

7. Name and Address of New Registered Agent

Name **FERBER, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)
7225 HAVILAND CIRCLE

City **BOYNTON BEACH FL** Zip Code **33437**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert Ferber* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-----------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> |
| NAME | FERBER, ROBERT | |
| STREET ADDRESS | 3797 N.E. 170 STREET | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33160 | |
| TITLE | VP | <input type="checkbox"/> |
| NAME | FERBER, GLORIA | |
| STREET ADDRESS | 3797 NE 170 ST | |
| CITY-ST-ZIP | N MIAMI BCH FL 33160 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--------------------------------|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | 7225 HAVILAND CIRCLE | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | 7225 HAVILAND CIRCLE | | |
| CITY-ST-ZIP | BOYNTON BEACH, FL 33437 | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Ferber* **ROBERT FERBER** 4/18/03 516-736-0989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)