


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

Suite, Apt. #, etc.

City & State
BOYNTON BEACH, FL

City & State
BOYNTON BEACH, FL

Zip
33437

Country
PALM BEACH

Zip
33437

Country
PALM BEACH

CHECK HERE IF MAKING CHANGES

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*
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP	<input type="checkbox"/> Delete	TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERBER, ROBERT		NAME FERBER, ROBERT	
STREET ADDRESS 3797 N.E. 170 STREET		STREET ADDRESS 7225 HAVILAND CIRCLE	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160		CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FERBER, GLORIA		NAME FERBER, GLORIA	
STREET ADDRESS 3797 NE 170 ST		STREET ADDRESS 7225 HAVILAND CIRCLE	
CITY-ST-ZIP N MIAMI BCH FL 33160		CITY-ST-ZIP BOYNTON BEACH, FL 33437	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)