

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90053 003 \*\*\*150.00

**DOCUMENT # P94000080379**

1. Entity Name  
**RASSAS CORPORATION**

Principal Place of Business <b>50 N. LAURA ST.          SUITE 3100          JACKSONVILLE FL 32202</b>	Mailing Address <b>50 N. LAURA ST.          SUITE 3100          JACKSONVILLE FL 32202</b>
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>59-3276974</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**BRANT MOORE SAPP MACDONALD & WELLS, P.A.  
 50 NORTH LAURA ST.  
 SUITE 3100  
 JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent  
 Name  
**Brant, Moore, Macdonald & Wells, P.A.**  
 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 \_\_\_\_\_ (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 \$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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BENHALIM, ABDULHAMID</b>
STREET ADDRESS	<b>50 N. LAURA ST., SUITE 3100</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32202</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>MOORE, TERRY A</b>
STREET ADDRESS	<b>50 N LAURA STREET, STE. 3100</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>BENHALIM, ABDULHAMID</b>
STREET ADDRESS	<b>50 N. LAURA ST., SUITE 3100</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>MOORE, TERRY A.</b>
STREET ADDRESS	<b>50 N. LAURA ST., SUITE 3100</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Cheryl D. Moore, President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/2001** **904 353-3100**  
 Date Daytime Phone #

CR2E034 (10/00)