2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State
03-01-2000 90001 037 ***150.00
09-05-2000 90039 031 ***550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000010441

1. Entity Name
R.S.E. CORP. ✓

Principal Place of Business	Mailing Address
C/O 7564 MAHOGANY BEND PLACE BOCA RATON FL 33434 NEW ADDRESS. ✓	C/O 7564 MAHOGANY BEND PLACE BOCA RATON FL 33434

2. Principal Place of Business	3. Mailing Address
20485 LINKSVIEW WAY	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON	City & State: FLORIDA
Zip: — Country: USA	Zip: 33434 Country:

4. FEI Number 65-0589050 ☐ 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
SUSAN RAHN RAHN, SUSAN 7564 MAHOGANY BEND DRIVE BOCA RATON FL 33434 new address → 20485 LINKSVIEW WAY BOCARATON, FL. 33434	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	PS RAHN, SUSAN 7564 MAHOGANY BEND PL BOCA RATON FL 33434	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R.S.E. CORP. RAHN, SUSAN PRESIDENT 20485 LINKSVIEW WAY BOCARATON, FL. 33434	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, PETER 160 W. 16TH ST APT 1C NEW YORK NY 10011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: SIGNATURE REQUIRED Susan Rahn President — 8/15/2000 — 561-479-2575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/00)