

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053928

1. Entity Name
RSF CORPORATION

Principal Place of Business
427 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

Mailing Address
427 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90086 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0597834	Applied For
		Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BASSAM ABI FARAJ
427 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

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

1-13-02

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, 2002 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P ABI RARAJ, BASSAM 427 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS	D JURDI, FADI 11404 ROYAL PALM BLVD. CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP			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:

Fadi Jurd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-02

954-467-3949

Daytime Phone #

CR2E034 (9/01)