

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90762 001 13,176.25

0370496 AV

**DOCUMENT # P96000024298**

1. Entity Name  
**RHSEF, INC.**

Principal Place of Business <b>2295 CORPORATE BLVD., NW          SUITE 222          BOCA RATON FL 33431</b>	Mailing Address <b>2295 CORPORATE BLVD., NW          SUITE 222          BOCA RATON FL 33431</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.
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City & State	City & State
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4. FEI Number <b>65-0657559</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**THE HERRICK COMPANY, INC.  
 2295 CORPORATE BLVD., NW  
 SUITE 222  
 BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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, 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**

TITLE NAME DPST HERRICK, NORTON	<input type="checkbox"/> Delete
STREET ADDRESS 2295 CORPORATE BLVD N.W. STE. 222	
CITY-ST-ZIP BOCA RATON FL 33431	
TITLE NAME VAS HERRICK, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS 2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP CEDAR KNOLLS NJ 07927	
TITLE NAME VAS HERRICK, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS 2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP CEDAR KNOLLS NJ 07927	
TITLE NAME C HERMALLI, NISAR	<input type="checkbox"/> Delete
STREET ADDRESS 2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP CEDAR KNOLLS NJ 07927	
TITLE NAME CFO KLEIN, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2 RIDGEDALE AVE STE 370	
CITY-ST-ZIP CEDAR KNOLLS NJ 07927	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** \_\_\_\_\_ VP 3/12/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)