

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91595 011 ***150.00

DOCUMENT # P960000 27416

1. Entity Name

RKS FINANCIAL GROUP, INC.

Principal Place of Business

20301 W. Country Club Dr. #729
 Aventura, FL 33180
 US

Mailing Address

20301 W. Country Club Dr. #729
 Aventura, FL 33180

552340

2. Principal Place of Business

20301 W. Country Club Dr.

3. Mailing Address

Suite, Apt. #, etc.
 Apt. 729

Suite, Apt. #, etc.

City & State
 Aventura FL

City & State

4. FEI Number

65-0679944

Applied For

Not Applicable

Zip
 33180

Country
 US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFER, RYAN
 20301 W. Country Club Dr. #729
 Aventura FL 33180

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

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)

FILED NOV 17 2001
 AFTER MAY 1, 2001 Fee will be \$800.00
 (See Chart 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: D Schafer, Ryan
 STREET ADDRESS: 20301 W. Country Club Dr. #729
 CITY-ST-ZIP: Aventura, FL 33180

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

TITLE
 NAME: D Schafer, Ryan
 STREET ADDRESS: 20301 W. Country Club Dr. #729
 CITY-ST-ZIP: Aventura, FL 33180

☒ Change ☐ Addition

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☐ 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 files empowered.

SIGNATURE:

Ryan Schafer

04/30/01

305-332-9937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)