

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 90560 020 ***150.00

DOCUMENT # P96000027416

1. Entity Name

RKS FINANCIAL GROUP, INC.

Principal Place of Business

**20301 W. COUNTRY CLUB DR.
 APT. 729
 AVENTURA FL 33180
 US**

Mailing Address

**20301 W. COUNTRY CLUB DR.
 APT. 729
 AVENTURA FL 33180
 US**

2. Principal Place of Business

77 Princewood Lane

3. Mailing Address

77 Princewood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Palm Beach Gardens, FL** City & State **Palm Beach Gardens, FL**

Zip **33410-1495** Country **Palm Beach** Zip **33410-1495** Country **Palm Beach**

4. FEI Number

65-0679944

Applied For

Not Applicable

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 **Schafer, Ryan**

Street Address (P.O. Box Number is Not Acceptable)

77 Princewood Lane

City **Palm Beach Gardens**

FL

Zip Code

33410-1495

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 \$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	D	<input type="checkbox"/> Delete
NAME	SCHAFER, RYAN	
STREET ADDRESS	20301 W. COUNTRY CLUB DR. #729	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schafer Ryan	
STREET ADDRESS	77 Princewood Lane	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410-1495	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ryan Schafer 04/29/02 (561) 493-8481

Date

Daytime Phone #

CR2E034 (9/01)