

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90158 042 ***158.75

DOCUMENT # P96000096983

1. Entity Name

RISK MANAGEMENT SOLUTIONS, INC.

00003359



DO NOT WRITE IN THIS SPACE

Principal Place of Business 210 WEST RIVO ALTO DRIVE MIAMI BEACH FL 33139	Mailing Address 210 WEST RIVO ALTO DRIVE MIAMI BEACH FL 33141-4540
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2. Principal Place of Business 6444 ALLISON RD Suite, Apt. #, etc.	3. Mailing Address 6444 ALLISON RD Suite, Apt. #, etc.
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City & State MIAMI BEACH	City & State MIAMI BEACH
Zip FL	Country DADE
Zip 33141	Country DADE

4. FEI Number 65-0735957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FENSTERMACHER, FREDRIC
210 WEST RIVO ALTO DRIVE
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6444 ALLISON RD

City **MIAMI BEACH** FL Zip Code **33141**

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 *Fredric Fenstermacher* DATE **1/10/00**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 P	NAME FENSTERMACHER, FREDRIC	<input type="checkbox"/> Delete
STREET ADDRESS 210 WEST RIVO ALTO DR	CITY-ST-ZIP MIAMI BEACH F; 33139	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6444 ALLISON RD	CITY-ST-ZIP MIAMI BEACH, FL 33141	
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: *Fredric Fenstermacher* **FREDRIC FENSTERMACHER** DATE: **1/10/00** DAYTIME PHONE #: **305-868-7600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)