

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000021985

1. Entity Name

R.S.K. WORLD, INC.

Principal Place of Business

8655 PINES BLVD
PEMBROKE PINES FL 33024

Mailing Address

8655 PINES BLVD
PEMBROKE PINES FL 33024

2. Principal Place of Business

10021 Pines Blvd
Suite, Apt. #, etc. #202

3. Mailing Address

10021 Pines Blvd
Suite, Apt. #, etc. #202

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number 65-0826419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A
4925 SHERIDAN STREET SUITE A
HOLLYWOOD FL 33021

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 DPST
NAME KERR, RALPH S
STREET ADDRESS 8655 PINES BLVD
CITY-ST-ZIP PEMBROKE PINES FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS 10021 Pines Blvd #202
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90077 040 ***150.00

B0044211



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)