

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000068449**

1. Entity Name

**RESOURCE MANAGEMENT SOLUTIONS, INC.****FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90065 043 \*\*\*150.00

**CU043458**

DO NOT WRITE IN THIS SPACE

|                                                                                                 |         |                                                                                 |         |
|-------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------|---------|
| Principal Place of Business<br><b>2020 NE 163 STREET<br/>209<br/>N MIAMI BEACH FL 33162</b>     |         | Mailing Address<br><b>2020 NE 163 STREET<br/>209<br/>N MIAMI BEACH FL 33162</b> |         |
| 2. Principal Place of Business                                                                  |         | 3. Mailing Address                                                              |         |
| Suite, Apt. #, etc.                                                                             |         | Suite, Apt. #, etc.                                                             |         |
| City & State                                                                                    |         | City & State                                                                    |         |
| Zip                                                                                             | Country | Zip                                                                             | Country |
| 4. FEI Number <b>65-0890427</b>                                                                 |         | Applied For<br><input type="checkbox"/> Not Applicable                          |         |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |         |                                                                                 |         |

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****HANKERSON, HAROLD  
2020 NE 163 ST  
SUITE 209  
N MIAMI BEACH FL 33162**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>AUSTIN, EUNICE B<br/>600 PARKVIEW DR SO. #209<br/>HALLANDALE FL 33009</b> <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTD<br/>HANKERSON, HAROLD D<br/>600 PARKVIEW DR SO. #209<br/>HALLANDALE FL 33009</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>GUILDER, GEORGE R<br/>11031 SW 42 PLACE<br/>DAVIE FL 33328</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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

**H.D. HANKERSON**

Date

**4-4-1**

Daytime Phone #

**305-354-7557**

CR2E034 (10/00)