

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90533 036 ***150.00

0622996 AT

DOCUMENT # P98000099380

1. Entity Name
E.W. GROUP, INC.



Principal Place of Business
R & S MANAGEMENT CO.
7460 SW 48TH ST.
MIAMI FL 33155

Mailing Address
R & S MANAGEMENT CO
5821 REDDMAN RD
CHARLOTTE NC 28212



2. Principal Place of Business

4721 University Dr

3. Mailing Address

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, FL

City & State

4. FEI Number 65-0889802

Applied For
Not Applicable

Zip

33146

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SORKIN, LAWRENCE
R & S MANAGEMENT COMPANY
7460 S.W. 48TH ST.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

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

4721 University Dr

City

Coral Gables FL

Zip Code

33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SORKIN, SELMA	
STREET ADDRESS	4721 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORKIN, LAWRENCE	
STREET ADDRESS	5821 REDDMAN ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28212	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORKIN, STEVEN	
STREET ADDRESS	11800 FARMLAND DRIVE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOS BEN, JUDITH	
STREET ADDRESS	210 WEST RITTENHOUSE SQUARE #2507	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10 Edgewater Dr	
CITY-ST-ZIP	33133	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

Date

704/5320750

Daytime Phone #

CR2E034 (10/02)