

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90014 036 ***150.00

DOCUMENT # P99000006492

1. Entity Name
R.N.D. FINANCIAL ASSOCIATES, INC.

Principal Place of Business

1205 HILLSBORO MILE, SUITE 203
 HILLSBORO BEACH FL 33062

Mailing Address

1205 HILLSBORO MILE, SUITE 203
 HILLSBORO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7712 Red River Road
 Suite, Apt. #, etc.:

3. Mailing Address

7712 Red River Road
 Suite, Apt. #, etc.:

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number **65-0891146**

Applied For
 Not Applicable

Zip
33411

Country
U.S.

Zip
33411

Country
U.S.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
8000 PETERS ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ DATE _____
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. (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

TITLE	D <input type="checkbox"/> Delete
NAME	DIAZ, ROBERT N
STREET ADDRESS	1205 HILLSBORO MILE, SUITE 203
CITY-ST-ZIP	HILLSBORO BEACH FL 33062
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	THOMPSON, SHELLY M
STREET ADDRESS	1205 HILLSBORO MILE, SUITE 203
CITY-ST-ZIP	HILLSBORO BEACH FL 33062
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7712 Red River Road
CITY-ST-ZIP	WEST PALM BEACH, FL
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 I am empowered.

SIGNATURE: **Robert N. Diaz** **Robert N. Diaz** **01-30-01** **562-682-9418**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)