

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90131 035 ***150.00

DOCUMENT # P99000006492

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



Principal Place of Business
7712 RED RIVER ROAD
WEST PALM BEACH FL 33411
US

Mailing Address
7712 RED RIVER ROAD
WEST PALM BEACH FL 33411
US



2. Principal Place of Business
100 Crestwood Ct N
Suite, Apt. #, etc.
APT 105
City & State
Royal Palm Beach, FL
Zip
33411 Country
USA

3. Mailing Address
100 Crestwood Ct N
Suite, Apt. #, etc.
APT 105
City & State
Royal Palm Beach, FL
Zip
33411 Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
WEINBERG, STEVEN A
8000 PETERS ROAD
PLANTATION FL 33324

4. FEI Number **65-0891146** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
Name **ROBERT N. DIAZ**
Street Address (P.O. Box Number is Not Acceptable)
100 CRESTWOOD CT N
APT 105
City **ROYAL PALM BEACH** FL Zip Code **33411**

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 *Robert N. Diaz* (NOTE: Registered Agent signature required when reinstating) DATE **1-29-03**

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 P	<input type="checkbox"/> Delete
NAME DIAZ, ROBERT N	
STREET ADDRESS 7712 RED RIVER RD	
CITY-ST-ZIP W PALM BEACH FL	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 100 CRESTWOOD CT N APT 105	
CITY-ST-ZIP ROYAL PALM BEACH, FL 33411	
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)(f), 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: *Robert N. Diaz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **1-29-03** DAYTIME PHONE #

CRE034 (10/02)