

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000011239**1. Entity Name
R K B EQUITY, INC.**FILED**
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90007 007 ***150.00

Principal Place of Business
% MOSHE RUBENSTEIN
21152 NE 18TH PLACE
NORTH MIAMI BEACH FL 33179Mailing Address
% MOSHE RUBENSTEIN
21152 NE 18TH PLACE
NORTH MIAMI BEACH FL 33179**920444**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O Moshe Rubinstein

3. Mailing Address

C/O Moshe Rubinstein

Suite, Apt. #, etc.

19955 NE 38th CT. # 1203

Suite, Apt. #, etc.

19955 NE 38th CT # 1203City & State
Miami, FLCity & State
Miami, FL4. FEI Number **65-0904675**

Applied For

Not Applicable

Zip
33180-3430

Country

Zip
33180-3430

Country

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

POLIN, ALAN J
3300 UNIVERSITY DRIVE
SUITE 601
CORAL SPRINGS FL 33065

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 State10. 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 **D** ☐ Delete
NAME **BRILL, HARRY**
STREET ADDRESS **10175 COLLINS AVENUE UNIT #1504**
CITY-ST-ZIP **BAL HARBOUR FL 33154**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KRAWITZ, SOL**
STREET ADDRESS **300 S.E. 5TH AVE. MIZNER TOWER #6180**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RUBENSTEIN, MOSHE**
STREET ADDRESS **21152 N.E. 18TH PL.**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 **(305) 865-3822**
Date Daytime Phone #

CR2E034 (10/00)