

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

09-05-2001 90028 016 \*\*\*150.00

**DOCUMENT # P99000013586**

**1. Entity Name**  
**THE RYSA GROUP ASSOCIATION, INC.**

**Principal Place of Business**  
**5745 S. UNIVERSITY DR.**  
**DAVIE FL 33328**

**Mailing Address**  
**5745 S. UNIVERSITY DR.**  
**DAVIE FL 33328**

**00062735**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 4503 NW 103 <sup>rd</sup> Ave Suite, Apt. #, etc. Suite 101 City & State Sunrise, Florida Zip 33351 Country BROWARD	<b>3. Mailing Address</b> 4503 NW 103 <sup>rd</sup> Ave Suite, Apt. #, etc. Suite 101 City & State Sunrise, Florida Zip 33351 Country BROWARD
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<b>4. FEI Number</b> 65-0897366	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**UDELL, MICHAEL B ESQ.**  
**5745 S. UNIVERSITY DR.**  
**DAVIE FL 33328**

**7. Name and Address of New Registered Agent**

**Name**  
**DANIEL D. GREENWALD**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**4503 NW 103<sup>rd</sup> Ave.**  
**City** **SUNRISE** **FL** **Zip Code** **33351**

**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** **DANIEL D. GREENWALD** **8/28/01**  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LEVNE, ADRIENNE</b> <b>5745 S. UNIVERSITY DR.</b> <b>DAVIE FL 33328</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>LEVINE, ADRIENNE</b> <b>4503 NW 103<sup>rd</sup> Ave - Suite 101</b> <b>SUNRISE, FL 33351</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/25/01** **954 572 4927**  
Date Daytime Phone #

CR2E034 (5/01)