

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90036 005 ***150.00

DOCUMENT # P99000019986

1. Entity Name

RS GROUP INTERNATIONAL, INC.

Principal Place of Business

2 NE 40TH STREET
402
MIAMI FL 33176

Mailing Address

PO BOX 165539
MIAMI FL 33116-5539

010000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11120 N. KENDALL DRIVE
Suite, Apt. #, etc.
200

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

4. FEI Number 65-0943964

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

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

GROSSMAN, JEROME
2 NE 40TH STREET (SUITE 402)
MIAMI FL 33137

Name GROSSMAN, JEROME

Street Address (P.O. Box Number is Not Acceptable)
2780 S.W. 37 AVE. (SUITE 205)

City MIAMI

FL

Zip Code 33133

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

01/16/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SASSINE, RICHARD	
STREET ADDRESS	11300 SW 93 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASSINE, ROGER	
STREET ADDRESS	11300 SW 93 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SASSINE, REGINALD	
STREET ADDRESS	11300 SW 93 STREET	
CITY-ST-ZIP	MIAMI FL	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSINE, RICHARD	
STREET ADDRESS	11120 N. KENDALL DRIVE (SUITE 200)	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSINE, ROGER	
STREET ADDRESS	11120 N. KENDALL DRIVE (SUITE 200)	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSINE, REGINALD	
STREET ADDRESS	11120 N. KENDALL DRIVE (SUITE 200)	
CITY-ST-ZIP	MIAMI, FL. 33176	
TITLE	ASST SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEROME GROSSMAN	
STREET ADDRESS	11120 N. KENDALL DRIVE (200)	
CITY-ST-ZIP	MIAMI, FL 33176	
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME GROSSMAN

Date

Daytime Phone #

01/22/2001 (305) 662-6772

CR2E034 (10/00)