

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90058 025 ***150.00

DOCUMENT # V38989

1. Entity Name
RED HOOK MANAGEMENT, INC.



Principal Place of Business

**4440 PGA BLVD.
SUITE 402
PALM BEACH GARDENS FL 33410
US**

Mailing Address

**1 RICHMOND SQUARE
SUITE #100C
PROVIDENCE RI 02906
US**



2. Principal Place of Business

13844 Le Bateau Isle

3. Mailing Address

Suite, Apt. #, etc.

Frenchman's Creek

**City & State
Palm Beach Gardens, FL**

City & State

4. FEI Number 65-0334448

Applied For

Not Applicable

**Zip
33410**

**Country
USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**SCHEIN, HAROLD I
C/O WOLLETT & ASSOCIATES, P.A.
4440 PGA BLVD., SUITE 402
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

**Name
Harold I. Schein
Street Address (P.O. Box Number is Not Acceptable)
Frenchman's Creek
13844 Le Bateau Isle
City
Palm Beach Gardens, FL Zip Code
33410**

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1/16/03*

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHEIN, HAROLD	
STREET ADDRESS	1 RICHMOND SQUARE	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VPDT	<input type="checkbox"/> Delete
NAME	SCHEIN, PHILIP	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCHEIN, MICHAEL	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHEIN-FONTAINE, LESLIE	
STREET ADDRESS	125 HARTSHORN RD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILIP SCHEIN	
STREET ADDRESS	125 HARTSHORN ROAD	
CITY-ST-ZIP	PROVIDENCE RI 02906	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESLIE SCHEIN-FONTAINE	
STREET ADDRESS	125 HARTSHORN ROAD	
CITY-ST-ZIP	PROVIDENCE RI 02906	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 Richmond Square
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 Richmond Square
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11 Richmond Square
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 Richmond Square
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1 Richmond Square
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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **Harold I. Schein** **1/14/03** **(401) 521-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)