

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90104 010 ***150.00

DOCUMENT # F95000002832

1. Entity Name

R.P. MULLER, INC.

Principal Place of Business

Mailing Address

~~64 S.E. 5TH AVENUE
 DELRAY BEACH FL 33483~~

~~64 S.E. 5TH AVENUE
 DELRAY BEACH FL 33483-3302~~

2. Principal Place of Business

3. Mailing Address

88 NE. 5th Ave.
 Suite, Apt. #, etc.

88 NE 5th Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Delray Beach FL

City & State
Delray Beach, FL

4. FEI Number **65-0591107**

Applied For
 Not Applicable

Zip
33483

Country
USA

Zip
33483

Country
USA

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

~~DENOVO, NICHOLAS J
 1200 BRIGNELL AVE 19TH FLOOR
 MIAMI FL 33151~~

Name **LARRY SEMONE**
 Street Address (P.O. Box Number is Not Acceptable)
50 SE 4th AVE.
 City **DELRAY BEACH FL** Zip Code **33483**

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 _____ (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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D <input type="checkbox"/> Delete	HAYES, BRENDA 6116 TERA ROSA CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	JONES, DEBORAH C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D <input type="checkbox"/> Delete	MULLER, KEVIN C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P <input type="checkbox"/> Delete	MULLER, RALPH P C/O BRENDA HAYES @ 6116 TERA ROSA CIRCLE BOYNTON BEACH FL 33437	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S <input type="checkbox"/> Delete	CALEDONIAN BANK & TRUST LIMITED P.O. BOX 1043 N/A GRAND CAYMAN/CAYMAN ISLANDS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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: _____ **REQUIRED** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #