

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002558

1. Entity Name
RFA INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90090 034 ***568.75

Principal Place of Business

PO BOX 717
27 RIVER ROAD
NEWCASTLE ME 04553

Mailing Address

PO BOX 717
27 RIVER ROAD
NEWCASTLE ME 04553

2. Principal Place of Business

2501 SW 31ST

Suite, Apt. #, etc.

3. Mailing Address

2501 SW 31ST

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

FT. Lauderdale, FL

Zip

33312

Country

US

Zip

33312

Country

U.S.

4. FEI Number

01-0514189

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERKIN, STEWART A ESQ.
444 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PC
NAME MARSHALL, WILLIAM F
STREET ADDRESS 5700 NE ISLAND COVE WAY/BAYVIEW #4401
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE VVC
NAME SIMON, FRANK II
STREET ADDRESS 27 RIVER ROAD
CITY-ST-ZIP NEWCASTLE ME 04553 ☒ Delete

TITLE D
NAME BERMAN, YAACOV
STREET ADDRESS PO BOX 88/DIAGONAL ESTACIO DE BOMBEROS
CITY-ST-ZIP CANAS/GUANACASTE/COSTA RICA ☐ Delete

TITLE D
NAME COPE, LARRY
STREET ADDRESS 1500 E. 4424 NORTH
CITY-ST-ZIP BUHL ID 83316 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VICE-PRES / DIRECTOR
NAME Keith Alexander
STREET ADDRESS CDC
CITY-ST-ZIP One Breesborough Gardens, London SW1V 2JG ENGLAND ☐ Change ☒ Addition

TITLE TREAS. / SEC.
NAME FRANCISCO Murreilo
STREET ADDRESS 16746 N.W. 14 CT.
CITY-ST-ZIP Pembroke Pines, FL 33028 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

William F. Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00
Date

954 792 8010
Daytime Phone #

CR2E034 (5/00)