

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90368 008 ***150.00

0502564

DOCUMENT # 188840

1. Entity Name

RI-ART SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 651285
 MIAMI FL 33265
 US

P.O. BOX 651285
 MIAMI FL 33265
 US

960496



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0752975

Applied For

No: Applicable

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

RAUCHWERGER, ARTHUR
9325 SW 83RD STREET
MIAMI FL 33173

Name

Rita R. Rauchwerger

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

*fd # 258
 4-22-01*

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 *Rita R. Rauchwerger*

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

(NOTE: Registered Agent signature required when reinstating)

4-22-01

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, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	RAUCHWERGER, ARTHUR	
STREET ADDRESS	9325 S.W. 83RD ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	RAUCHWERGER, RITA	
STREET ADDRESS	9325 S.S. 83RD ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RAUCHWERGER, TODD	
STREET ADDRESS	16040 SW 81ST AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KAPLAN, DORI J	
STREET ADDRESS	16190 SW 84TH PLACE	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita R. Rauchwerger	
STREET ADDRESS	9325 S. W. 83rd St.	
CITY-STATE-ZIP	Miami, Fl. 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Rita R. Rauchwerger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-01

DATE

305-271-2865

DAYTIME PHONE #

CR2E034 (10/00)