2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F93000005519

1. Entity Name

RACHINS SALES CO., INC.



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90083 046 ***150.00

				SALES .					
Principal Place of Business 3360 S. OCEAN BLVD. Z E NORTH		Mailing Address 3360 S. OCEAN BLVD. PALM BEACH FL 33480							
PALM BEACH	FL 33480				# ###				
US									
Principal Place of Business Address Mailing Address					i thairm iten insum titer anter anter anter	F BEHIL BRIDI SIIS	, e ti e t 114		
					ي سين			•	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State Zip Country 6. Name and Address of Current I RACHINS, RICHARD 3360 S. OCEAN BLVD.		City & State			4. FEI Number 04-2800030		Applied For Not Applicable		
Zip	Country	Žip	Country		5. Certificate of Status Desired				
	6 Name and Address of Current	Registered Agent			7. Name and Address of New Regis	tered Agent			
	6. Name and Address of Current	Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES					·		
DACUMIC DICUADO									
			Country 5. Certificate of Status Desired						
Palm Bea	CH FL 33480								
			City	y		FL Zi	p Code		
		- 			ad agent, or both, in the State of Florida	Lam familia	r with, a	and accept	
the obligat	ions of registered agent.					<u></u>			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registered Agent	signature required	when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRE	CTORS		
TLE	CPT		TITLE		 -		hange	☐ Addition	
NAME	RACHINS, RICHARD		NAME	İ					
STREET ADDRESS	3360 S. OCEAN BLVD.			1					
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NAME			NAME	l					

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

03/03 5617480603