

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90400 007 \*\*\*150.00

DOCUMENT # F94000005802

1. Entity Name

R.A. REAL ESTATE, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

823 11th AVE

Suite, Apt. #, etc.

3. Mailing Address

823 11th AVE

Suite, Apt. #, etc.

City & State

NEW YORK NY

City & State

NEW YORK NY

Zip

10019

Country

Zip

10019

Country

4. FEI Number

13-3107404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BALDOVIN SARAGA & LIPSHY

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

201 NE FIRST AVE

City

DELRAY BEACH

FL

Zip Code

33444

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME CATSIMATIDIS, JOHN A.  
STREET ADDRESS 823 11th AVE  
CITY-ST-ZIP NEW YORK NY 10019

TITLE S  
NAME PALERMO, LOUIS, L.  
STREET ADDRESS 823 11th AVE  
CITY-ST-ZIP NEW YORK NY 10019

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Y

JOHN CATSIMATIDIS

4/12/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)