2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G. 13436 2000 RANDALL RIKOPELMAN ENTERPRISCS, TNC.

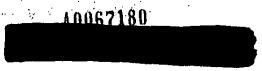
Principal Place of Business

6215 S.OB.T.

Mailing Address

62155 O.B.T. ORLANDO FL 32809 May 15, 2001 8:00 am Secretary of State

05-15-2001 90177 020 ***150.00



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2. Principal Place of Business :		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Sta	te .	City & State		4.	FEI Number 62-1148-910	A	pplied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current F	Registered Agent		7. 1	Name and Address of New Registers	d Agent	
				Name -			
RANDY KOPELMAN 6215 S. O.B.T. ORLANDO FL 32809				Street Address (P.O. Box Number is Not Acceptable)			
UHL	ANDO FL 32809						
· · · · · · · · · · · · · · · · · · ·			City		F	Zip Cod	ie .
9. This corporation is eligible to satisfy its Intangible FILE NOW Tax filing requirement and elects to do so. After MAY 1, 2			!! FEE IS \$150.00 01 Fee will be \$550	10. Election Campaign Financing \$5.			00 May Be d to Fees
11. •	OFFICERS AND C	PIRECTORS	12,	AD	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE- NAME STREET ADDRESS CITY-ST-ZIP	PD KOPELMAN, RANDALL K 6215 SOUTH ORANGE BLOSSOM ORLANDO FL 32809	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Adaition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	٠ ـــ		□ Change -	☐ Addition
TITLE		☐ Delete	TITLE			☐ Change	Addition

NAME 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-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

NAME

TITLE

NAME

TITLE

Delete

• 🔲 Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

☐ Addition

- 🔲 Addition

Change