

DOCUMENT # **G41462**

1. Entity Name
RAFFA ASSOCIATES, INC.

Principal Place of Business
**4336 NE 5 AVE.
OAKLAND PARK FL 33334**

Mailing Address
**4336 NE 5 AVE.
OAKLAND PARK FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2301439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAFFA, JOSEPH W.
4336 NE FIFTH AVENUE
OAKLAND PARK FL 33334**

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 \$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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	RAFFA, JOSEPH W.	4505 NE 23 AVE	FT LAUDERDALE FL	☐
DP	RAFFA, JOSEPH W	4505 NE 23 AVE	FT LAUDERDALE FL	☐
VP	RAFFA, FRANK T.	3 SUNSET LN	POMPAÑO BEACH FL	☐
S	RAFFA, DOROTHY M.	4505 NE 23 AVE	FT LAUDERDALE FL	☐
T	GRAZIANI, MICHAEL J.	1416 NE 15 AVENUE	FT. LAUDERDALE FL	☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐
				☐	☐
	RAFFA, FRANK T. V.P.	714 NORTH VICTORIA PARK ROAD	FT. LAUDERDALE, FLORIDA 33304	☐	☐
				☐	☐
				☐	☐
				☐	☐

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-01

954 563 2339

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90052 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)