

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90032 022 \*\*\*158.75

DOCUMENT #

568469

1. Entity Name

RLT FINANCIAL MANAGEMENT, INC

Principal Place of Business

Mailing Address

446 MARLIN RD  
 N. PALM BEACH, FL. 33408

2. Principal Place of Business

446 MARLIN RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. PALM BEACH

City & State

4. FEI Number

59-2794800

Applied For

Not Applicable

Zip

33408

Country

PAUL BEACH

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT L. TOTARO  
 446 MARLIN RD.  
 N. PALM BEACH, FL. 33408

7. Name and Address of New Registered Agent

Name

N/A

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

FILE NOW:  
 FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT  
 NAME: ROBERT L. TOTARO  
 STREET ADDRESS: 446 MARLIN RD.  
 CITY-ST-ZIP: N. PALM BEACH, FL 33408

TITLE:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
☐ Change ☐ Addition

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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 617, 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.

SIGNATURE:

Robert L. Totaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/20/01

Daytime Phone #

561-842-2841

CR2E037 (11/00)