

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90135 023 ***150.00

DOCUMENT # **K01008**

1. Entity Name
RAHCO INTERNATIONAL, INC.

Principal Place of Business 803 S PONCE DE LEON ST AUGUSTINE FL 32084 US	Mailing Address 803 S PONCE DE LEON ST AUGUSTINE FL 32084 US
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045000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1711 DOBBS ROAD Suite, Apt. #, etc. SUITE A City & State ST. AUGUSTINE, FL 32084 Zip Country 32084 ST. JOHNS	3. Mailing Address 1711 DOBBS ROAD Suite, Apt. #, etc. SUITE A City & State ST. AUGUSTINE, FL 32084 Zip Country 32084 ST. JOHNS
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4. FEI Number 59-2870431	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
MOSER, ALVIN L.
803 S PONCE DE LEON BLVD
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
 Name
MOSER, ALVIN L.
 Street Address (P.O. Box Number is Not Acceptable)
1711 DOBBS ROAD SUITE A
 City
ST. AUGUSTINE FL Zip Code
32084

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 **ALVIN L. MOSER** *Alvin L. Moser* **4/9/01**
S signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSER, ALVIN L. 850 S A1A BEACH BLVD #121 ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARA-MOSER, OLGA P. 850 S A1A BEACH BLVD #121 ST AUGUSTINE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALGUERO, RICHARDO A 20815 CHATEAU AVE YORBA LINDA CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALGUERO, JEFFREY 235 E 22ND STREET NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I've empowered.

SIGNATURE: *Alvin L. Moser, Pres.* **ALVIN L. MOSER PRES. 4/9/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(TEL) 904 826-3301

CR2E034 (10/00)