

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90722 023 ***150.00

DOCUMENT # K01008

1. Entity Name

RAHCO INTERNATIONAL, INC.



Principal Place of Business

1711 DOBBS ROAD
SUITE A
ST AUGUSTINE FL 32084
US

Mailing Address

1711 DOBBS ROAD
SUITE A
ST AUGUSTINE FL 32084
US

2. Principal Place of Business

850 A1A BEACH BLVD.

Suite, Apt. #, etc.

121

City & State

ST. AUGUSTINE, FL

Zip

32080-6954

Country

3. Mailing Address

850 A1A BEACH BLVD.

Suite, Apt. #, etc.

121

City & State

ST. AUGUSTINE, FL

Zip

32080-6954

Country

ST. JOHNS



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2870431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSER, ALVIN L.
1711 DOBBS ROAD
SUITE A
ST AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name **ALVIN L. MOSER**
Street Address (P.O. Box Number is Not Acceptable)
850 A1A BEACH BLVD. #121
City **ST. AUGUSTINE** **FL** Zip Code **32080-6954**

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 **ALVIN L. MOSER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Alvin L. Moser
1/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **MOSER, ALVIN L.**
STREET ADDRESS **850 S A1A BEACH BLVD #121**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **V** ☐ Delete
NAME **LARA-MOSER, OLGA P.**
STREET ADDRESS **850 S A1A BEACH BLVD #121**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☒ Delete
NAME **SALGUERO, RICHARDO A**
STREET ADDRESS **20815 CHATEAU AVE**
CITY-ST-ZIP **YORBA LINDA CA**

TITLE **D** ☒ Delete
NAME **SALGUERO, JEFFREY**
STREET ADDRESS **69 LIBERTY STREET**
CITY-ST-ZIP **WILTON CT 06897**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **LARA, RAUL**
STREET ADDRESS **6832 MINDELLO STREET**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ALVIN L. MOSER, PRES.

Date

Daytime Phone #

904-461-9931

CR2E034 (10/02)