

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**  
 09-17-2001 90151 009 \*\*\*558.75

0028386 AV

**DOCUMENT # L53047**

1. Entity Name  
**RARE REFLECTIONS OF SOUTH FLORIDA, INC.**

Principal Place of Business  
**1900 NW 33RD CT.  
 BAY T  
 POMPANO BEACH FL 33064**

Mailing Address  
**1900 NW 33RD CT.  
 BAY T  
 POMPANO BEACH FL 33064**

**A0086392**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1701 AVENIDA DEL SOL**

3. Mailing Address  
**1701 AVENIDA DEL SOL**

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL.**

City & State  
**BOCA RATON, FL.**

Zip  
**33432**

Country  
**BROWARD**

Zip  
**33432**

Country  
**BROWARD**

4. FEI Number  
**65-0160495**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAGEE, ROBERT W.  
 2721 S.W. 16TH COURT  
 FT. LAUDERDALE FL 33312**

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 Robert W Magee **Robert W MAGEE PRES.** 9/10/01

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGEE, ROBERT W.</b>	NAME	
STREET ADDRESS	<b>1900 NW 33RD CT. BAY 5</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGEE, ROBIN</b>	NAME	
STREET ADDRESS	<b>2721 S.W. 16TH CT.</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>SWORD, ROBERT</b></del>	NAME	<b>RODRIGUEZ</b>
STREET ADDRESS	<del><b>6710 S.W. 16TH COURT</b></del>	STREET ADDRESS	<b>3751 N.W. 115 WAY APT 7</b>
CITY-ST-ZIP	<del><b>POMPANO BEACH FL</b></del>	CITY-ST-ZIP	<b>CORAL SPRINGS FL 33065</b>
TITLE	<b>M</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del><b>RODGERS, WILLIAM</b></del>	NAME	
STREET ADDRESS	<del><b>3451 NE 13TH TERR.</b></del>	STREET ADDRESS	
CITY-ST-ZIP	<del><b>POMPANO BEACH FL 33064</b></del>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W Magee **ROBERT W MAGEE** 9/10/01 5613382464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)