

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90139 005 \*\*\*150.00

**DOCUMENT # L60023**  
1. Entity Name  
**R&G ACQUISITION HOLDINGS CORPORATION**



Principal Place of Business  
**% JOHN A. KOEGL**  
**105 LIVE OAKS GARDENS, SUITE 129**  
**CASSELBERRY FL 32707**

Mailing Address  
**% JOHN A. KOEGL**  
**105 LIVE OAKS GARDENS, SUITE 129**  
**CASSELBERRY FL 32707**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**105 Live Oaks Gardens**

3. Mailing Address  
**105 Live Oaks Gardens**

Suite, Apt. #, etc.

City & State  
**Casselberry, FL**

City & State  
**Casselberry, FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip  
**32707**

Country  
**USA**

Zip  
**32707**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2607**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RAPAPORT, DAVID A.H.</b>	
STREET ADDRESS	<b>18 E. 48TH ST</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>KOEPFEL, JOHN A</b>	
STREET ADDRESS	<b>105 LIVE OAKS GARDENS</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARDYMON, ELLEN H.</b>	
STREET ADDRESS	<b>4675 WINTerset DR.</b>	
CITY-ST-ZIP	<b>COLUMBUS OH</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, WILLIAM A.</b>	
STREET ADDRESS	<b>105 LIVE OAKS GARDEN</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>Director</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Victor J. Galan</b>	
STREET ADDRESS	<b>280 Jesus T. Pinero, Hyde Park</b>	
CITY-ST-ZIP	<b>Hato Rey, Puerto Rico 00918</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ramon Prats</b>	
STREET ADDRESS	<b>280 Jesus T. Pinero, Hyde Park</b>	
CITY-ST-ZIP	<b>Hato Rey, Puerto Rico 00918</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joseph Sandoval</b>	
STREET ADDRESS	<b>280 Jesus T. Pinero, Hyde Park</b>	
CITY-ST-ZIP	<b>Hato Rey, Puerto Rico 00918</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *John A. Koepfel* **1/9/03** **4072601003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)