

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98850

1. Entity Name

RPL ENTERPRISES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90056 046 ***150.00

Principal Place of Business

9835-9 LAKEWORTH RD.
LAKE WORTH FL 33467
US

Mailing Address

8537 BONITA ISLE DR
LAKE WORTH FL 33467

2. Principal Place of Business

4073 Bahia Isle Cr.

Suite, Apt. #, etc.

3. Mailing Address

4073 Bahia Isle Cr.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Wellington, FL

City & State

Wellington, FL

4. FEI Number

65-0218942

Applied For

Not Applicable

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEBERMAN, ROBERT S.

8537 BONITA ISLE DR

LAKE WORTH FL 33467

4073 Bahia Isle Cr.
Wellington, FL 33467

7. Name and Address of New Registered Agent

Name

Re

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

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 \$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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIEBERMAN, ROBERT S.	
STREET ADDRESS	8537 BONITA ISLE DR	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 S. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

561967-3096

Daytime Phone #

CR2E034 (10/00)