

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006602

1. Entity Name
ROMANIAN RHAPSODY CULTURAL CENTER, INC.



Principal Place of Business
**C/O BEST FEDERAL CENTER, INC.
410 N FEDERAL HIGHWAY
HALLANDALE, FL 33009**

Mailing Address
**C/O BEST FEDERAL CENTER, INC.
410 N FEDERAL HIGHWAY
HALLANDALE, FL 33009**

DO NOT WRITE IN THIS SPACE



06032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0877910

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LELUTIU, KONSTANCA C
825 SOUTH 10TH AVENUE
HOLLYWOOD, FL 33019**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELUTIU, EMIL 825 SOUTH 10TH AVENUE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPP, EDUARD 1501 NE 191ST STREET APT #103 BLDG C N MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, DANNY 14450 STERLING ROAD FT. LAUDERDALE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000162309
06/09/04-80001-010 70.00

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IN THIS SPACE**

12. 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 617, 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]* **6/5/04** **(954) 347-6502**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #