

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90160 028 \*\*\*550.00

DOCUMENT # P00000019636

1. Entity Name  
 RUCHOCKI MANAGEMENT, INC.

Principal Place of Business

9801 COLLINS AVENUE SUITE 19W  
 BAL HARBOR FL 33154

Mailing Address

KAUFMAN, ROSSIN & CO  
 2099 SOUTH BAYSHORE DR  
 MIAMI FL 33133  
 US

2. Principal Place of Business

410 BARRET, BLECKER, CPA

Suite, Apt. #, etc.

1300 GOLFVIEW DR. EAST

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

3. Mailing Address

410 BARRET, BLECKER, CPA

Suite, Apt. #, etc.

1300 GOLFVIEW DR. EAST

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

B013901

B0120052

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0996405 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BLECKER, BARRET  
 KAUFMAN, ROSSIN & CO  
 2099 SOUTH BAYSHORE DR  
 MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1300 GOLFVIEW DR. EAST

PEMBROKE PINES

FL

Zip Code

33026

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

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 13, 2002: 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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RUCHOCKI, ROSE D	
STREET ADDRESS	9801 COLLINS AVENUE SUITE 19W	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REGINA MATT LEVIN	
STREET ADDRESS	410 B. BLECKER, 1300 GOLFVIEW DR. EAST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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		
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: REGINA MATT LEVIN 09/12/02 954-4318720

CR2F034 (4/02)