

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055178

1. Entity Name
RALLY INVESTMENTS, INC.

Principal Place of Business

1155 MARTIN DOWNS BLVD.
PALM CITY FL 34990

Mailing Address

1155 MARTIN DOWNS BLVD.
PALM CITY FL 34990

2. Principal Place of Business

7961 S. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

7961 S. Federal Hwy
Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34952

Country

City & State

Port St. Lucie, FL

Zip

34952

Country

4. FEI Number

05-1024110

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW FIRM OF MANFRED ROSENOW, P.A.
2524 CORAL WAY
MIAMI FL 33145

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT

Registered Agent's 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEDRANO, MARLON V 1155 MARTIN DOWNS BLVD. PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE MEDRANO, LILLIAN M 1155 MARTIN DOWNS BLVD. PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7961 S. Federal Hwy Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7961 S. Federal Hwy Port St. Lucie, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlon V. Medrano, President

Date

5-25-01

Daytime Phone #

561-343-8253

CR2E034 (10/00)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90002 012 ***550.00



DO NOT WRITE IN THIS SPACE