

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90044 001 \*\*\*158.75

**DOCUMENT # P00000055924**

1. Entity Name

**R-WELL CORPORATION**

Principal Place of Business

Mailing Address

**1645 PALM BEACH LAKES BLVD., SUITE 520  
WEST PALM BEACH FL 33401****1645 PALM BEACH LAKES BLVD., SUITE 520  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

**22615 SW 66 Ave., Suite 304**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 304****Suite 304**

City &amp; State

City &amp; State

**Boca Raton, Florida****Boca Raton, Florida**

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☒**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINLEY, CHANDLER R  
1645 PALM BEACH LAKES BLVD., SUITE 520  
WEST PALM BEACH FL 33401**

Name

**Sergey V. Gurin**

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

**22615 SW 66 Avenue, Suite 304**

City

**Boca Raton****FL**

Zip Code

**33428**

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

**Sergey V. Gurin**

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

(NOTE: Registered Agent Signature required when reinstating)

**01/20/2001**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUMBLAUSKAS, RAYMONDAS</b>	
STREET ADDRESS	<b>1645 PALM BEACH LAKES BLVD., SUITE 520</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME	<b>N/A</b>	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	
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:

**Raimondas Bumblauskas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/20/2001****(561) 901-9180**

CR2034 (10/00)