

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90306 013 \*\*\*158.75

**DOCUMENT # P00000055924**

1. Entity Name  
**R-WELL CORPORATION**

Principal Place of Business

**22615 SW 66 AVE  
 STE 304  
 BOCA RATON FL 33428**

Mailing Address

**22615 SW 66 AVE  
 STE 304  
 BOCA RATON FL 33428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1900 Glades Road**

Suite, Apt. #, etc.  
**280**

City & State  
**Boca Raton, FL**

Zip  
**33431**

Country  
**USA**

3. Mailing Address

**1900 Glades Road**

Suite, Apt. #, etc.  
**280**

City & State  
**Boca Raton, FL**

Zip  
**33431**

Country  
**USA**

4. FEI Number **APPLIED FOR**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GURIN, SERGEY V  
 22615 SW 66 AVENUE SUITE 304  
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name  
**Sergey V. Gurin**

Street Address (P.O. Box Number is Not Acceptable)  
**Ste. 280**

**1900 Glades Road**

City  
**Boca Raton**

**FL**

Zip Code  
**33431**

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**

**1/22/2002**

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, 2002 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 **D BUMBLAUSKAS, RAYMONDAS** ☐ Delete  
 STREET ADDRESS **1645 PALM BEACH LAKES BLVD., SUITE 520**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
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 NAME ☐ Delete  
 STREET ADDRESS  
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TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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** **1/22/2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)