

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**  
 01-16-2002 90055 017 \*\*\*150.00

**DOCUMENT # P00000069488**

**1. Entity Name**  
**R-A ASSOCIATES, INC.**

**Principal Place of Business**      **Mailing Address**  
**1 DOCKSIDE LANE**      **1 DOCKSIDE LANE**  
**KEY LARGO FL 33037**      **KEY LARGO FL 33037**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**      **65-1025772**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

**Name** *Gerald A. Freshman (Attorney at Law)*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*9130 S. Dadeland Blvd. #1701*  
**City** *Miami*      **FL**      **Zip Code** *33156*

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

(NOTE: Registered Agent signature required when reinstating)

*1-8-02*  
**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**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>AMBRIDGE, ROBERT R</b>
<b>STREET ADDRESS</b>	<b>24 BAY RIDGE ROAD</b>
<b>CITY-ST-ZIP</b>	<b>KEY LARGO FL 33037</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>RAMUNDO, LUIS A</b>
<b>STREET ADDRESS</b>	<b>1 DOCKSIDE LANE</b>
<b>CITY-ST-ZIP</b>	<b>KEY LARGO FL 33037</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/02 (305) 367-5888*  
 Date      Daytime Phone #

CR2E034 (9/01)

*Attachment*  
*204884*  
*Doc # P00000069488*  
LAW OFFICES

**FRESHMAN FRESHMAN & TRAITZ**  
PROFESSIONAL ASSOCIATION

JERALD A. FRESHMAN  
LAWRENCE N. FRESHMAN  
JAMES J. TRAITZ  
  
NICOLE L. GILMORE  
OF COUNSEL

TWO DATRAN CENTER  
SUITE 1701  
9130 SOUTH DADELAND BOULEVARD  
MIAMI, FLORIDA 33156  
  
TELEPHONE (305) 670-1400  
TOLL FREE (800) 317-8525  
FAX (305) 670-1410

January 8, 2002

Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Re: R-A Associates, Inc.  
Document #P00000069488  
Gentlemen:

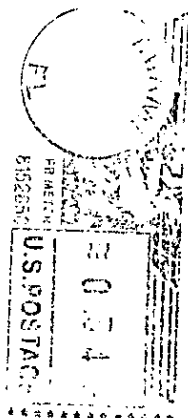
Enclosed please find the 2002 Uniform Business Report for the above-named corporation together with a check in the sum of \$150.00 for the filing fee. Please note that the New Registered Agent for this corporation. Please forward a printout reflecting this change in the enclosed self-addressed stamped envelope.

Very truly yours,

  
JERALD A. FRESHMAN

JAF:lrg

cc: Luis Ramundo



FRESHMAN, FRESHMAN & TRAITZ, PA  
TWO DATRAN CENTER, SUITE 1701  
9130 SO. DADELAND BLVD.  
MIAMI, FLORIDA 33156

JF