

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 02, 2001 8:00 am  
Secretary of State

05-14-2001 90068 016 \*\*\*150.00

DOCUMENT # P00000117689

1. Entity Name  
RARP, INC.

Principal Place of Business  
7704 W. HILLSBOROUGH AVENUE  
TAMPA FL 33615

Mailing Address  
7704 W. HILLSBOROUGH AVENUE  
TAMPA FL 33615

47839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
7704 W. Hillsborough Ave  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

4. FEI Number

269-74-7017

Applied For

Not Applicable

Zip

33615

Country

Hillsborough

Zip

33615

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, RICHARD  
7704 W. HILLSBOROUGH AVENUE  
TAMPA FL 33615

7. Name and Address of New Registered Agent

Name ANTHONY ALFONSO President

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.

Anthony Alfonso - President

(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, 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 President  
NAME ANTHONY ALFONSO  
STREET ADDRESS 7704 W. Hills Ave  
CITY-ST-ZIP TAMPA 33615 ☐ Delete

TITLE SECRETARY  
NAME RICHARD E. PEREZ  
STREET ADDRESS 5011 S. ELBORN  
CITY-ST-ZIP TAMPA FL 33611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 (813)890-0495

Date

Daytime Phone #

CR2E034 (10/00)