

2002 UNIFORM BUSINESS REPORT (UBR)

0090311 AV

DOCUMENT # P00000117689

1. Entity Name
RARP, INC.

FILED

02 OCT 25 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
7704 W. HILLSBOROUGH AVENUE
TAMPA FL 33615

2. Principal Place of Business
10911 WINTER OAK PL
Suite, Apt. #, etc.

3. Mailing Address
10911 WINTER OAK PL
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33624

Country
USA

Zip
33624

Country
USA

4. FEI Number 26-9747017

Applied For
Not Applicable

5. 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

ALFONSO, ANTHONY
7704 W. HILLSBOROUGH AVENUE
TAMPA FL 33615

Name
SOLENE SALADINO
Street Address (P.O. Box Number is Not Acceptable)
10911 WINTER OAK PL
City TAMPA FL Zip Code 33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME P ALFONSO, ANTHONY
STREET ADDRESS 7704 W HILLS AVE
CITY-ST-ZIP TAMPA FL 33615 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
000008583810
10/25/02--01011--018 **750.00 ☐ Change ☐ Addition

TITLE NAME S PEREZ, RICHARD F
STREET ADDRESS 5011 S ELBROW
CITY-ST-ZIP TAMPA FL 33611 ☒ Delete

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

TITLE NAME P SOLENE SALADINO
STREET ADDRESS 10911 WINTER OAK PL
CITY-ST-ZIP TAMPA, FL 33624 ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

10/21/02

CR2E034 (4/02)