

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90184 032 \*\*\*150.00

**DOCUMENT # P01000004358**

1. Entity Name  
**RGA INTL., INC.**

Principal Place of Business  
**C/O B. MANDEL, 1775 E 45TH ST  
 CLEVELAND, OH 44103**

Mailing Address  
**C/O B. MANDEL, 1775 E 45TH ST  
 CLEVELAND OH 44103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2706 HORSESHOE DR. SOUTH**

3. Mailing Address  
**2706 HORSESHOE DR. SOUTH**

Suite, Apt. #, etc.  
**SUITE 227**

Suite, Apt. #, etc.  
**SUITE 227**

City & State  
**NAPLES FL**

City & State  
**NAPLES FL**

4. FEI Number  
**58-2592500**

Applied For  
 Not Applicable

Zip Country  
**34104 COLLIER**

Zip Country  
**34104 COLLIER**

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

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

**CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324**

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

Name **DONALD VELLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2706 HORSESHOE DRIVE SOUTH**  
**SUITE 227**  
 City **NAPLES** FL Zip Code **34104**

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

**1-22-02**

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>VELLA, DONALD</b>	<b>1816 ENGLISHTOWN RD, STE 201 OLD BRIDGE NJ 08857</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>P</b>	<b>VELLA, DONALD</b>	<b>2706 HORSESHOE DR SOUTH, STE 227 NAPLES, FL 34104</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

**1-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

REGISTERED SP

CR2E034 (9/01)