

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90066 048 ***150.00

DOCUMENT # P01000006557

1. Entity Name
RAPHAEL AVILA, INC.

Principal Place of Business
3801 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

Mailing Address
3801 W. SUNRISE BLVD.
FT. LAUDERDALE FL 33311

2. Principal Place of Business
1000 North Federal Highway

3. Mailing Address
1000 North Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

4. FEI Number
65-1070294

Applied For
☐ Not Applicable

Zip
33062

Country

Zip
33062

Country

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

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY ESQ
300 S. ORANGE AVE., STE 1000
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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.

(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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **DPS**
STREET ADDRESS **Avila, Raphael**
CITY-ST-ZIP **1000 North Federal Highway**
Pompano Beach, Florida 33062

TITLE ☐ Change ☒ Addition
NAME **DVT**
STREET ADDRESS **Dayhoff, Michael, R.**
CITY-ST-ZIP **1000 North Federal Highway**
Pompano Beach, Florida 33062

TITLE ☐ Change ☒ Addition
NAME **DV**
STREET ADDRESS **Smith, Philip, P.**
CITY-ST-ZIP **1000 North Federal Highway**
Pompano Beach, Florida 33062

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Michael R. Dayhoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael R. Dayhoff, VP

954-867-1234

Date

Daytime Phone #

CR2E034 (9/01)