

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 91292 013 ***150.00

DOCUMENT # PD1000026694

1. Entity Name

A.M. Rapoport, INC. ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

123 Lakeshore Dr. #1942

Suite, Apt. #, etc.

3. Mailing Address

123 Lakeshore Dr. #1942

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

33408

Country

City & State

North Palm Beach, FL

Zip

33408

Country

4. FEI Number

65-1092996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Arthur M. Rapoport

Street Address (P.O. Box Number is Not Acceptable)

123 Lakeshore Drive #1942

City

North Palm Beach, FL

Zip Code

33408

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

Arthur M. Rapoport

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-19-03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Rapoport, Arthur M.
STREET ADDRESS	123 Lakeshore Drive, #1942
CITY-ST-ZIP	North Palm Beach, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur M. Rapoport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

775-9351

Daytime Phone #

CR2E034B (12/02)