

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90113 005 ***150.00

DOCUMENT # P01000042676

1. Entity Name
R&N PROPERTY INVESTMENTS, INC.

Principal Place of Business

**POST OFFICE BOX 812287
 BOCA RATON FL 33481**

Mailing Address

**POST OFFICE BOX 812287
 BOCA RATON FL 33481**

2. Principal Place of Business

1175 N.W. 20th AVE

Suite, Apt. #, etc.

3. Mailing Address

1175 N.W. 20th AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

PALM BEACH

Zip

33445

Country

PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SARAGA & LIPSHY, P.A.
 201 NE 1ST AVENUE
 DELRAY BEACH FL 33431**

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	PTD	<input checked="" type="checkbox"/> Delete
NAME	ROSE, ADRIAN	
STREET ADDRESS	C/O 201 NE 1ST AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33431	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	NESTA, MARK	
STREET ADDRESS	C/O 201 NE 1ST AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTA, AMY	
STREET ADDRESS	1175 NW 20th AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	PVO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTA, MARK	
STREET ADDRESS	1175 N.W. 20th AVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 561-244-4846

Date

Daytime Phone #

CR2E034 (9/01)