

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90044 043 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000052706**

1. Entity Name  
**SAINT RAPHAEL CORPORATION** *d/b/a*  
*Omphali Natural Store Services, Inc*

Principal Place of Business      Mailing Address  
**1943 BROOKS LANE**      **POST OFFICE BOX 1145**  
**OVIEDO FL 32765**      **GOLDENROD FL 32733-1145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **59-3557666**      Applied For  
 Not Applicable

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

8. Name and Address of Current Registered Agent

**PEREZ, EMILIO**  
**1943 BROOKS LANE**  
**OVIEDO FL 32765**

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      DATE **Jan. 20/2002**

Signature of individual person or name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>C.E.O. &amp; President</b>	<input type="checkbox"/> Delete
NAME	<b>Emilio Perez</b>	
STREET ADDRESS	<b>1943 Brooks Ln.</b>	
CITY-ST-ZIP	<b>Oviedo, FL 32733-1145</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Delete
NAME	<b>Carmen T. Perez</b>	
STREET ADDRESS	<b>1943 Brooks Ln.</b>	
CITY-ST-ZIP	<b>Oviedo, FL 32765</b>	
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		<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 complies with 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 file 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 the information required.

SIGNATURE:      **REQUIRED**      DATE: **Jan. 20/2002**      DAYTIME PHONE #: **407 673 2888**

SIGNATURE REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)