

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 003 ***150.00

DOCUMENT # P01000060103 ✓

1. Entity Name

RHAMES PROFESSIONAL SERVICES INC. ↓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2264 S. University Dr.

Suite, Apt. #, etc.

Suite 434

City & State

Davie, FL

Zip

33324

Country

USA

3. Mailing Address

2264 S. University Dr.

Suite, Apt. #, etc.

Suite 434

City & State

Davie, FL

Zip

33324

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1122051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

John Rhames

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

1219 Fairlake Place

Apt 909

City

Weston

FL

Zip Code

33326

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
President
Wanda Ware Rhames
1219 Fairlake Place # 909
Weston, FL 33326

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
John Rhames
1219 Fairlake Place # 909
Weston, FL 33326

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wanda Ware Rhames

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 954-6600053

Date

Daytime Phone #

CR2E034B (12/01)