

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90046 015 ***150.00

DOCUMENT # P01000062210

1. Entity Name
 RF'S PLACE, INC.

Principal Place of Business
 50 EAST SAMPLE ROAD
 SUITE 400
 POMPANO BEACH FL 33064

Mailing Address
 50 EAST SAMPLE ROAD
 SUITE 400
 POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-118323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name
 DANA M. SCHEER

Street Address (P.O. Box Number is Not Acceptable)
 50 E. Sample Road, Suite 400

City
 Pompano Beach

FL

Zip Code
 33064

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

4/17/02

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 FLORESCUE, BARRY
 50 EAST SAMPLE ROAD #400
 POMPANO BEACH FL 33064 ☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
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 V
 SCHEER, DANA M
 50 EAST SAMPLE ROAD #400
 POMPANO BEACH FL 33064 ☐ Delete

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

(951) 784-3021

Daytime Phone #

CR2E034 (9/01)