

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90196 019 ***550.00

DOCUMENT # P01000072543

1. Entity Name

RISK MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

250 SW 15TH AVE
 BOCA RATON FL 33486

Mailing Address

250 SW 15TH AVE
 BOCA RATON FL 33486



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2061 NW 2nd Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State
 Boca Raton, Florida

City & State

4. FEI Number

65-1126111

Applied For

Not Applicable

Zip

33431

Country

Palm Beach

Zip

Country

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

DI CAPUA, JOSEPH J

250 SW 15TH AVE

BOCA RATON FL 33486

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00

After September 13, 2002 Fee will be \$750.00

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 **President** ☐ Delete
 NAME **Joseph D. Capua**
 STREET ADDRESS **2061 NW 2nd Ave #204**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Vice President** ☐ Delete
 NAME **Manuel Gonzalez**
 STREET ADDRESS **2061 NW 2nd Ave #204**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete
 NAME **Michael Smith**
 STREET ADDRESS **2061 NW 2nd Ave #204**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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 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: *Joseph D. Capua* **SIGNATURE REQUIRED** *J D. Capua* **7/16/02** **561-347-2446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)