

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90146 020 ***150.00

DOCUMENT # P01000086775

1. Entity Name
R.A. STUDIOS, INC.

Principal Place of Business

37514 US HWY 19 N
PALM HARBOR FL 34684

Mailing Address

37514 US HWY 19 N
PALM HARBOR FL 34684

2. Principal Place of Business

37520 US HWY 19 N

3. Mailing Address

37520 US HWY 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR

City & State

PALM HARBOR

4. FEI Number

59-3746455

Applied For

Not Applicable

Zip

34684

Country

PINELLAS

Zip

34684

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

ALMINA, ROSALIA

37514 US HWY 19 N

PALM HARBOR FL 34684

Name

ROSALIA ALMINA

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

37520 US HWY 19 N

City

PALM HARBOR

FL

Zip Code

34684

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

Rosalie Almina

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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	D <input type="checkbox"/> Delete
NAME	ALMINA, ROSALIA
STREET ADDRESS	37514 US HWY 19 N
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	P <input type="checkbox"/> Delete
NAME	ALMINA, DOMINGO
STREET ADDRESS	37514 US HWY 19 N
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

Rosalie Almina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-02

Date

(727) 934-7150

Daytime Phone #

CR2E034 (9/01)