

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90119 026 ***150.00

DOCUMENT # P01000102328

1. Entity Name

R & G PRODUCTIONS, INC.

Principal Place of Business

**4792 N. CITATION DR., APT. #18-104
 DELRAY BEACH FL 33445**

Mailing Address

**4792 N. CITATION DR., APT. #18-104
 DELRAY BEACH FL 33445**

2. Principal Place of Business

4400 N. FEDERAL HIGHWAY

3. Mailing Address

4400 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

21-22

Suite, Apt. #, etc.

21-22

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33487

Country

U.S.A.

Zip

33487

Country

U.S.A.

4. FEI Number

41-2024094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATE ACCESS, INC.
 236 EAST 6TH AVE.
 TALLAHASSEE FL 32303**

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

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. ☒

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 **PD** ☐ Delete
 NAME **RAYMIN, HENRY**
 STREET ADDRESS **17221 GRAND BAY DR.**
 CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE **VSD** ☐ Delete
 NAME **GALLO, FRANK**
 STREET ADDRESS **4792 N. CITATION DR., APT. #18-104**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2002 (561) 392 7400

Date

Daytime Phone #

CR2E034 (9/01)