

FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 22 PM 3:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # PD/0000/06008

1. Entity Name

ON THE RISE, CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9850 NW 15 COURT

3. Mailing Address

9850 NW 15 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

Zip

33024

Country

BLAND

Zip

33024

Country

BLAND

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

BERNARD PROTANO, P.A. ESQ

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

2301 NORTH 22ND AVE

City

HOLLYWOOD

FL

Zip Code

33020

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 FRANK AGATE
 9850 NW 15 COURT
 PEMBROKE PINES FL 33024

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 800011876268
 02/05/03--01017--004 **150.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK AGATE, Director

Date

Daytime Phone #

4/11/03 (954) 559-3511

CR2E034B (12/02)



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 13, 2003

ON THE RISE CORP.
9850 NW 15 COURT
PEMBROKE PINES, FL 33024

SUBJECT: ON THE RISE CORP.
Ref. Number: P01000106008

We have received your document for ON THE RISE CORP. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We will waive the \$600.00 reinstatement fee for this filing, however we must collect the current year's fee in order to bring the corporation current through 2003.

There is a balance due of \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Andy Dunlap
Document Specialist Supervisor

Letter Number: 603A00009814