

02 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 20 AM 8:40

02-27-2003 90126 017 ***150.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113000

1. Entity Name **RA+CA Inc**

d/b/a The Gift Shop at Ramada



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4060 GALT OCEAN

3. Mailing Address

1620 S OCEAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14A

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE FL

City & State

POMPANO BEACH FL

4. FEI Number

65-1143970

Applied For

Not Applicable

Zip **33308**

Country

USA

Zip **33062**

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SAME ROULA ANTONARAS

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

1620 S OCEAN BLVD # 14A

City **POMPANO BEACH**

FL

Zip Code

33062

**DO NOT WRITE
IN THIS SPACE**

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

ROULA ANTONARAS 3-16-03

January 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$81.25

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

PRES. ROULA ANTONARAS
1620 S OCEAN BLVD # 14A
POMPANO BEACH FL 33062

V/P JOHN ANTONARAS
1620 S OCEAN BLVD # 14A
POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

2/24/03 783-9890

Date

Daytime Phone

CR2E034B (12/02)