

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 029 ***158.75

DOCUMENT # P02000051569

1. Entity Name
R.L.L. VENTURES, INC.



Principal Place of Business
1280 S. POWERLINE ROAD
SUITE 3
POMPANO BEACH FL 33069

Mailing Address
1280 S. POWERLINE ROAD
SUITE 3
POMPANO BEACH FL 33069

2. Principal Place of Business

4263 NW 1st AVENUE
Suite, Apt. #, etc.

3. Mailing Address

4263 NW 1st AVENUE
Suite, Apt. #, etc.

City & State
BOCA RATON, FL.

Zip 33431 Country

City & State
BOCA RATON, FL

Zip 33431 Country

4. FEI Number
01-0719343

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

• O'QUINN, LUDWELL
1280 S. POWERLINE ROAD
SUITE 3
POMPANO BEACH FL 33069

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	O'QUINN, LUDWELL	
STREET ADDRESS	1280 S. POWERLINE ROAD #3	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRILLO, LISA	
STREET ADDRESS	1280 S. POWERLINE ROAD #3	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETRILLO, RUTH	
STREET ADDRESS	1280 S. POWERLINE ROAD #3	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Anthony L. Petrillo	
STREET ADDRESS	4263 NW 1st AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Quinn, Ludwell	
STREET ADDRESS	4263 NW 1st AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petrillo, Lisa	
STREET ADDRESS	4263 NW 1st AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petrillo, Ruth	
STREET ADDRESS	4263 NW 1st AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony L. Petrillo	
STREET ADDRESS	4263 NW 1st AVENUE	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony L. Petrillo, President April 1, 2003 561-392-9229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)