

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

06-30-2003 90065 011 \*\*\*150.00  
FILED P02000058916

03 JUL 11 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058916

1. Entity Name

R.P.R GROUP INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2844 STIRLING ROAD

3. Mailing Address

2844 STIRLING ROAD

(Suite) Apt. #, etc.

K

(Suite) Apt. #, etc.

K

City & State

HOLLYWOOD FLORIDA

City & State

HOLLYWOOD FLORIDA

4. FEI Number

51-0430554

Applied For

Not Applicable

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

SIGALIT ZVIDA

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

2844 STIRLING ROAD, SUITE K

City

HOLLYWOOD

FL

Zip Code  
33020

**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.

SIGNATURE: SIGALIT ZVIDA/PRESIDENT

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

(NOTE: Registered Agent signature required when not stating)

DATE

6-13-03

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
P  
SIGALIT ZVIDA  
2844 STIRLING ROAD, SUITE K  
HOLLYWOOD, FLORIDA 33020

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

6/17/11

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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGALIT ZVIDA / PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGALIT ZVIDA

Date 6-13-03

(954) 964-8898

Daytime Phone #

CR2034B (12/01)