

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90056 039 ***150.00

DOCUMENT # P02000088988

1. Entity Name
REVITHAL, CORP.



Principal Place of Business
**3715 CORAL TREE CIRCLE
COCONUT CREEK FL 33073**

Mailing Address
**3715 CORAL TREE CIRCLE
COCONUT CREEK FL 33073**



2. Principal Place of Business

4511 W. ATLANTIC Blvd

3. Mailing Address

4511 W ATLANTIC Blvd

Suite, Apt. #, etc.

1819

Suite, Apt. #, etc.

1819

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

Zip

33066

Country

BROWARD

Zip

33066

Country

BROWARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

56-2286479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**L.A.W.S. LEGAL ASSISTANCE WORLD SERVICE CO
11890 S.W. 8 STREET PENTHOUSE VII
MIAMI FL 33184**

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

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

(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 **P.** ☒ Delete
NAME **MAZZEI, RAFAEL**
STREET ADDRESS **3715 CORAL TREE CIRCLE**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
NAME **MAZZEI, RAFAEL**
STREET ADDRESS **4511 W. ATLANTIC Blvd #1819**
CITY-ST-ZIP **COCONUT CREEK, FL 33066**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/03

754-422-2576

CR2E034 (10/02)