

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90068 007 \*\*\*550.00

0087873 AV

**DOCUMENT # P02000117747**

1. Entity Name  
**RAKOVA & BRECHER, INC.**



Principal Place of Business  
**6688 CASA GRANDE WAY  
DELRAY BCH FL 33446**

Mailing Address  
**6688 CASA GRANDE WAY  
DELRAY BCH FL 33446**



2. Principal Place of Business  
**1855 Griffin Rd.,  
Suite, Apt. #, etc.  
A-309**

3. Mailing Address  
**1855 Griffin Rd.,  
Suite, Apt. #, etc.  
A-309**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Dania Beach FL**

City & State  
**Dania Beach FL**

4. FEI Number  
**134 222 312**

Applied For  
☐ Not Applicable

Zip  
**33004** Country  
**USA**

Zip  
**33004** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**DUNAY, GARY S  
THE PLAZA  
5355 TOWN CENTER RD STE 801  
BOCA RATON FL 33486**

**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 \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00-May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>President</b>	<input type="checkbox"/> Delete
NAME <b>EVA RAKOVA</b>	
STREET ADDRESS <b>1855 Griffin Rd., A-309</b>	
CITY-ST-ZIP <b>Dania Beach, FL 33004</b>	
TITLE <b>Vice - president</b>	<input type="checkbox"/> Delete
NAME <b>Donald Brecher</b>	
STREET ADDRESS <b>1855 Griffin Rd., A-309</b>	
CITY-ST-ZIP <b>Dania Beach, FL 33004</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	
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:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-25-03**

**954. 924 9878**

Date Daytime Phone #

CR2E034 (4/03)