

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032615

1. Entity Name

RICHMOND PINE HOUSING CORPORATION

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91319 002 \*\*\*158.75

017781

Principal Place of Business  
7800 SW 57TH AVENUE  
SUITE 133  
SO. MIAMI FL 33143  
US

Mailing Address  
7800 SW 57TH AVENUE  
SUITE 133  
SO. MIAMI FL 33143  
US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0564837**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**GOODE, R. RAY**  
7800 SW 57TH AVENUE  
213  
SO. MIAMI FL 33143

7. Name and Address of New Registered Agent  
Name **SALVATORE MARIORANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 NW 12th AVE**  
City **MIAMI** FL Zip Code **33128**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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        | Delete                              |
|-------|-----------------|-----------------------|--------------------|-------------------------------------|
| S     | STOKES, WILLIAM | 7800 SW 57TH AVE #213 | SO. MIAMI FL 33143 | <input checked="" type="checkbox"/> |
| T     | GOODE, R. RAY   | 7800 SW 57TH AVE #213 | SO. MIAMI FL 33143 | <input checked="" type="checkbox"/> |
|       |                 |                       |                    | <input type="checkbox"/>            |
|       |                 |                       |                    | <input type="checkbox"/>            |
|       |                 |                       |                    | <input type="checkbox"/>            |
|       |                 |                       |                    | <input type="checkbox"/>            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME               | STREET ADDRESS  | CITY-ST-ZIP     | Change                   | Addition                            |
|-------|--------------------|-----------------|-----------------|--------------------------|-------------------------------------|
| P     | DOMINGUEZ, AGUSTIN | 300 NW 12th AVE | MIAMI, FL 33128 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| VP    | RALEY, CLAIRE      | 300 NW 12th AVE | MIAMI, FL 33128 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ST    | MARTORANO, SAL     | 300 NW 12th AVE | MIAMI, FL 33128 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|       |                    |                 |                 | <input type="checkbox"/> | <input type="checkbox"/>            |
|       |                    |                 |                 | <input type="checkbox"/> | <input type="checkbox"/>            |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)