

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90379 004 ***150.00

DOCUMENT # P93000051789

1. Entity Name
THE RUSTICA COLLECTIONS, INC.

Principal Place of Business

**1855 GRIFFIN RD
B-364
DANIA FL 33004
US**

Mailing Address

**1855 GRIFFIN RD
B-364
DANIA FL 33004
US**

2. Principal Place of Business

150 YAMATO ROAD

3. Mailing Address

150 YAMATO ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

Zip

33431

Country

4. FEI Number

65-0425464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEIGENBAUM, DAVID

200 KNUTH RD

STE 220

BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

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

1700 W. BOYNTON BEACH RD #6

City

BOYNTON BEACH

FL

Zip Code

33426

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

2/6/02

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, 2002 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 **P** ☐ Delete
NAME **SOLNEY, JOYCE**
STREET ADDRESS **7440 CHABLIS COURT 5900 CAMINO DEL SOL**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

JOYCE SOLNEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 561-988-1330

CR2E034 (9/01)