

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90074 037 ***150.00

0331000

DOCUMENT # P94000032622

1. Entity Name

R.B. BOOKKEEPING SERVICES, INC.

Principal Place of Business

Mailing Address

~~10790 NW 14TH STREET~~
~~APT. 184~~
~~PLANTATION FL 33322~~

~~10790 NW 14TH STREET~~
~~APT. 184~~
~~PLANTATION FL 33322~~

2. Principal Place of Business

8159 Summerbreeze Ln

3. Mailing Address

8159 Summerbreeze Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0487297

Applied For

Not Applicable

Zip

33496

Country

Palm Beach

Zip

33496

Country

Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BADALATI, ROSALIE

~~10790 NW 14 ST~~

~~APT 184~~

~~PLANTATION FL 33322~~

Name

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

8159 Summerbreeze Ln

City

Boca Raton

FL

Zip Code

33496

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 **Rosalie Badalati**

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

Rosalie Badalati

(NOTE: Registered Agent signature required when reinstating)

1/25/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BADALATI, ROSALIE**
 STREET ADDRESS ~~10790 NW 14ST/APT 184~~ **8159 Summerbreeze Ln**
 CITY-ST-ZIP ~~PLANTATION FL 33322~~ **Boca Raton FL 33496**

TITLE ☐ Change ☐ Addition
 NAME **8159 Summerbreeze Ln**
 STREET ADDRESS **8159 Summerbreeze Ln**
 CITY-ST-ZIP **33496**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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: **Rosalie Badalati**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

1/25/01 561-558-8319

CR2E034 (10/00)