

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054135

1. Entity Name

RHA CHARTERED

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90451 042 \*\*\*150.00

Principal Place of Business

3600 PARK CENTRAL BLVD NORTH  
SUITE 3610  
POMPANO BEACH FL 33064  
US

Mailing Address

3600 PARK CENTRAL BLVD NORTH  
SUITE 3610  
POMPANO BEACH FL 33064  
US

2. Principal Place of Business

3600 Park Central Blvd. No.

Suite, Apt. #, etc.

Suite 3635

City & State

Pompano Beach, Fl.

Zip  
33064

Country  
USA

3. Mailing Address

3600 Park Central Blvd. No.

Suite, Apt. #, etc.

Suite 3635

City & State

Pompano Beach, Fl.

Zip  
33064

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3282560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, RICHARD  
241 SEVILLA AVE.  
PENTHOUSE TWO  
CORAL GABLES FL 33134

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.

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	P	<input type="checkbox"/> Delete
NAME	HAIG, ROBERT	
STREET ADDRESS	3600 PARK CENTRAL BLVD N #3610	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCVAY, JOSEPH	
STREET ADDRESS	3225 CRAYTON RD	
CITY - ST - ZIP	NAPLES FL 34102	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PETROCELLI, GEORGE	
STREET ADDRESS	2361 NW 30TH STREET	
CITY - ST - ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	PETROCELLI, GEORGE	
STREET ADDRESS	2361 NW 30TH STREET	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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
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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		

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:

*George M. Petrocelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President &  
George M. Petrocelli, Treasurer 4/25/01

954-917-0411

Date

Daytime Phone #