

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90175 046 ***150.00

DOCUMENT # P94000068973

1. Entity Name
R.S.V.P. ENT. INC.

Principal Place of Business

**3100 NW 2ND AVE.
 BOCA RATON FL 33431
 US**

Mailing Address

**3100 NW 2ND AVE.
 BOCA RATON FL 33431
 US**

2. Principal Place of Business

**3130 EQUESTRIAN DR.
 Suite, Apt. #, etc.**

3. Mailing Address

**3130 EQUESTRIAN DR.
 Suite, Apt. #, etc.**

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0531531

Applied For

Not Applicable

Zip

Country

33434

USA

Zip

Country

33434

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GOLDBURG, RON
 3130 EQUESTRIAN DRIVE
 BOCA RATON FL 33434**

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

(NOTE: Registered Agent signature required when reinstating)

7/23/02
 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **GOLDBURG, RONALD W**
 STREET ADDRESS **3130 EQUESTRIAN DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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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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 I am empowered.

SIGNATURE:

[Signature] **REQUIRED**

7/23/02

561-866-1274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment

RSVP

P94 000068973/675503
July 21, 2002

Florida Dept. of State
Division of Corporations

Please note that my business has
moved to:

3130 Equestrian Drive
Boca Raton, Florida 33434
561-866-1274
fax 561-852-1488

In the course of that move somehow
I did not receive my Bus. Report
form. I did not realize, in all the
confusion, that it had not been received
and therefore not filed until I,
miraculously, received this 2nd
notice.

I hope you understand and will
accept this payment of \$150.00.

