

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P960000019554**
 1. Entity Name
R + R Bobcat of South Florida, Inc

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90108 043 ***150.00

A0050307

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
425 N.E. 42nd Street
Boca Raton, Florida
33431

2. Principal Place of Business
2195 N Andrews Ave
 Suite, Apt. #, etc.
15B

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Pompano Beach FL
 Zip
33069
 Country
Broward

City & State
 Zip
 Country

4. FEI Number
65-0780151

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Raul Scherrer
425 N.E. 42nd Street
Boca Raton FL 33431

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, 2000 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 **President** ☐ Delete
 NAME **Raul Scherrer**
 STREET ADDRESS **425 N.E. 42nd Street**
 CITY-ST-ZIP **Boca Raton FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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
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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

4-9-01 954 977 3100

Date

Daytime Phone #

CR2E034 (9/99)