

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040850

1. Entity Name

RAY RICHARD & ASSOCIATES, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90106 019 ***150.00

Principal Place of Business

Mailing Address

2919 E COMMERCIAL BLVD.
STE A
FORT LAUDERDALE FL 33308

2919 E COMMERCIAL BLVD.
STE A
FORT LAUDERDALE FL 33308-4207



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2800 E Commercial Blvd
Ste 208
Ft. Lauderdale FL 33308

2800 E Commercial Blvd
Ste 208
Ft. Lauderdale FL 33308

4. FEI Number 65-0667869

Applied For
Not Applicable

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

ALLEN H. KATZ PA
2919 E COMMERCIAL BLVD
SUITE A
FORT LAUDERDALE FL 33308

2800 E Commercial Blvd
Ste 208
Ft. Lauderdale FL 33308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARD, RAY	
STREET ADDRESS	17415 N.W. 10TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00

CR2E034 (9/99)