(9/01)

MAR 23,2002

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am & Secretary of State DOCUMENT # P96000040850 1. Entity Name RAY RICHARD & ASSOCIATES, INC. Principal Place of Business Mailing Address 2900 E COMMERCIAL BLVD 2800 E COMMERCIAL BLVD STE 208 STE 208 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0667869 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required . 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent allen H. Katz Pa Street Address (P.O. Box Number is Not Acceptable) 2800 E-COMMERCIAL BLVD **STE 208** FORT LAUDERDALE FL 33308 City Zio 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ۷D ☐ Delete TITLE RICHARD, RAY NAME NAME 17415 N.W. 10TH ST. STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Defete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.97(3). Florida Statutes. I further certify that the information of supplemental report is true and accurate and that my signature shall have the same legal deceiver or trustee empowered to execute this report as required by Chapter 607, Florida St indicated on this report t as if made under oath; that I am an officer or director es; and that my name appears in Block 11 or Block 12 if of the corporation or the changed, or on an attac

Invoice

Invoice Number:

Invoice Date:

2002

Voice:

ALLEN H. KATZ, P.A.

2800 E. COMMERCIAL BLVD. #208 FT. LAUDERDALE, FL 33308

Fax:

Ship to:

Afford, men 13

POBOODS 1623508

Page:

Customer ID Customer PO Payment Terms-حزال كيد عجمت أي Sales Rep ID Ship Date Shipping Method Due Date 2/5/02

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Subtotal

50.00

Sales Tax

50.00

Total Invoice Amount Payment Received

Check No:

TOTAL

50.00