

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90466 040 ***150.00

DOCUMENT # P96000062806

1. Entity Name

RLRM DEVELOPMENT, INC



DO NOT WRITE IN THIS SPACE

90039011

2. Principal Place of Business

15155 MICHELANGELO BLVD.

3. Mailing Address

15155 MICHELANGELO BLVD.

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33446

Country

USA

Zip

33446

Country

USA

4. FEI Number

39-1860890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current 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

RAY PARIS

2/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
SUMON, RAY
6323 NW 26 TERR.
BOCA RATON FL 33496

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
PARIS, RAY
15155 MICHELANGELO BLVD. SUITE 206
DELRAY BEACH, FL 33446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

RAY PARIS

2/26/03

(561)499-5809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)