

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91007 024 ***150.00

DOCUMENT # P97000041417

1. Entity Name
RDI SERVICES, INC.

Principal Place of Business
C/O DEBBIE MARIOTTI, INC.
1624 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address
C/O DEBBIE MARIOTTI, INC.
1624 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

2. Principal Place of Business
1779 S.W. 7TH AVE
 Suite, Apt. #, etc.

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

City & State
POMPANO BCH, FL
 Zip
33060
 Country
BLONGRO

City & State
 Zip
 Country

4. FEI Number **65-0760244**

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

DORO, RAYMOND J
2234 NE 27TH STREET
LIGHTHOUSE POINT FL 33064

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 _____ (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, 2001 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
 NAME **D**
 STREET ADDRESS **DORO, RAYMOND J**
 CITY-ST-ZIP **2234 NE 27TH STREET**
LIGHTHOUSE POINT FL 33064

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 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

4/25 942-0888
 Date Daytime Phone #

CR2E034 (10/00)