2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049980 1. Entity Name

	DOLLA	BARRA OF AFRE	AABBABATIAN
PANTHERS	RHHC	MANAGEMENT	CORPORATION

Principal Place of Busine
501 EAST CAMINO ROAD
CORPORATE OFFICE
BOCA RATON FL 33432
110

Mailing Address

P.O. BOX 5025 CORPORATE OFFICE

BOCA RATON FL 33432 US	BOCA RATON FL 33431 US				
Principal Place of Business 501 E. Camino Real	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zip Country	Zip Country				

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

05-03-2001 90089 008 ***150.00

US		US						
		3. Mailing Address						
501 E. Camino Real								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	N THIS SPACE		
City & State		City & State		4. F	65-0762234		Applied For Not Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
AMERICAN INFORMATION SERVICES INC.			Name	Name Street Address (P.O. Box Number is Not Acceptable)				
			Street Ad					
	S.E. THIRD AVE., 27TH FLOOR			direct Address (1.0. Box Hamber is not Acceptable)				
MAIM	fil FL 33131				i			
			City			FL Zip C	Code	
								
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or r	registered ag	ent, or both, in the State of Florida	l.		
SIGNATURE .	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE: E	Registered Agent signature	e required when re	ainetatino)	DATE		
	organida, typod or printed flatte or registered agent at		- Agent signature	a required wright te	Salatati ig/			
	ration is eligible to satisfy its Intangible		FEE IS \$150.00		10. Election Campaign Financi	ing \$5	5.00 May Be	
•	equirement and elects to do so. ia on back)	1	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		Trust Fund Contribution.	· ~ ~	ded to Fees	
<u> </u>		<u> </u>						
11.	OFFICERS AND D		12.	AD	DITIONS/CHANGES TO OFFICER			
TITLE NAME	PIERCE, WILLIAM M	☐ Delete	TITLE NAME			XIX Chang	ge	
STREET ADDRESS	501 EAST CAMINO ROAD			501 E	Camino Real			
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	JOI 11.	Camerio Real			
TITLE	P	☐ Delete	TITLE			Chang	ne	
NAME	ROCHON, RICHARD C	U Delete	NAME			C Guang	, Addition	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500		STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL 33301		CITY-ST-ZIP					
TITLE	VĪ	☐ Delete	TITLE			XX Chang	ge	
NAME	DAURIA, STEVEN M	_ +	NAME			7114		
STREET ADDRESS	501 EAST CAMINO ROAD		STREET ADORESS	501 E.	Camino Real			
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP					
TITLE	SV	☐ Delete	TITLE			Chang	ge 🔲 Addition	
NAME	HANDLEY, RICHARD L		NAME					
STREET ADDRESS	450 E. LAS OLAS BLVD., #1500		STREET ADDRESS				\ -	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	<u> </u>	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Chang	e 🔲 Addition	
NAME			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				}	
								
TITLE NAME		☐ Delete	TITLE			Chang	ge 🗌 Addition	
STREET ADDRESS			NAME STREET ADDRESS				1	
CITY-ST-ZIP			CITY-ST-ZIP				}	
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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 that 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 thustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if a process, with a other like empowered. indicated on this report or supplement of the corporation or the receiver of changed, or on an attachment with a

SIGNATURE:

Steven M. Dauria

4/26/01

561-447-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #