

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91197 032 \*\*\*150.00

DOCUMENT # **P97000065014**

1. Entity Name

**A RARE AFFAIR, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2001 N. SR7**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 770217**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MARGATE, FLORIDA**

City & State

**CORAL SPRINGS, FL**

4. FEI Number

**65-07854-76**

Applied For

Not Applicable

Zip

Country

**33063**

**U.S.**

Zip

Country

**33077**

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**JOHN E. TOALE**

Street Address (P.O. Box Number is Not Acceptable)

**2500 E. LAS OLAS**

**SUITE 1406**

City

**FT. LAUDERDALE,**

State

Zip Code

**33301**

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

(NOTE: Registered Agent signature required when reinstating)

**5/25/02**

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☒

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRES.**  
NAME **JAMES C. TOALE**  
STREET ADDRESS **2500 E. LAS OLAS - #1406**  
CITY - ST - ZIP **FT. LAUDERDALE, FL, 33301**

TITLE  
NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/25/02**

DATE

**954-796-2524**

Daytime Phone #

CR200348 (12/01)

DOCUMENT # P97000065014

1. Entity Name

A RARE AFFAIR, INC.

2001

Principal Place of Business

10860 SW 1ST CT  
CORAL SPRINGS FL 33071  
US

Mailing Address

10860 SW 1ST CT  
CORAL SPRINGS FL 33071  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0785476

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

TOALE, JAMES C  
10860 SW 1ST CT  
CORAL SPRINGS FL 33071

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

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOALE, JAMES C 10860 SW 1ST CCT CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Toale

Date

Daytime Phone #

4/11/01 954-796-2524