

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90002 020 ***150.00

DOCUMENT # P97000078779

1. Entity Name

RAE-MEL BUILDING CORP.

Principal Place of Business

**2300 N.W. CORPORATE BLVD.
SUITE 222
BOCA RATON FL 33431**

Mailing Address

**2300 N.W. CORPORATE BLVD.
SUITE 222
BOCA RATON FL 33431**

9 4 5 1 3 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0780798**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****HOPIN, MARC D
2300 N.W. CORPORATE BLVD.
SUITE 222
BOCA RATON FL 33431**

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**TITLE **DP** ☐ Delete
NAME **GIMELSTOB, HERBERT**
STREET ADDRESS **4330 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE **DP** ☒ Change ☐ Addition
NAME **Gimelstob, Herbert**
STREET ADDRESS **2300 N.W. Corporate Blvd., Suite 222**
CITY-ST-ZIP **Boca Raton, FL 33431**TITLE **DV** ☐ Delete
NAME **GIMELSTOB, ELAINE**
STREET ADDRESS **4330 LIVE OAK BLVD.**
CITY-ST-ZIP **DELRAY BEACH FL 33445**TITLE **DV** ☒ Change ☐ Addition
NAME **Gimelstob, Elaine**
STREET ADDRESS **2300 N.W. Corporate Blvd., Suite 222**
CITY-ST-ZIP **Boca Raton, FL 33431**TITLE **VTS** ☐ Delete
NAME **HOPIN, MARC D**
STREET ADDRESS **2300 NW CORPORATE BLVD. SUITE 222**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **EPSTEIN, WILLIAM L**
STREET ADDRESS **2300 NW CORPORATE BLVD. SUITE 222**
CITY-ST-ZIP **BOCA RATON FL 33431**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **William L. Epstein, J.R.** **4/5/01** **(561)997-8880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)