

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082023

1. Entity Name
RAE BAR INVESTMENTS INC.

Principal Place of Business

1740 SE CLEARMONT ST
PORT ST LUCIE FL 34983

Mailing Address

1740 SE CLEARMONT ST
PORT ST LUCIE FL 34983

2. Principal Place of Business

162 S.E. Walter Ter
Port St Lucie
City & State

3. Mailing Address

PO Box 9424
Port St Lucie
City & State

Zip

34984 Country ST Lucie

Zip

34985 ST Lucie

6. Name and Address of Current Registered Agent

PERRY, BARBARA
162 S.E. WALTERS TERRACE
PORT ST LUCIE FL 34984

7. Name and Address of New 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

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

TITLE P
NAME PERRY, PAMELA R
STREET ADDRESS 1740 SE CLEARMONT ST
CITY-ST-ZIP PORT ST LUCIE FL 34983

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

9/18/01 561-871-2783

APPROVED
AND
FILED

01 NOV -2 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

IN THIS SPACE

4. FEI Number 65-0758905

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

0437417

CR2E034 (10/00)