

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90297 002 ***150.00

DOCUMENT # P97000084574

1. Entity Name

RIGHTLINE INTERNATIONAL, CORP.

Principal Place of Business

Mailing Address

~~10295 COLLINS AVE~~
~~#627-N~~
~~BARHARBOR FL 33154~~

~~10295 COLLINS AVE~~
~~#627-N~~
~~BARHARBOR FL 33154-1404~~

2. Principal Place of Business

4652 NW 94TH COURT

3. Mailing Address

4652 NW 94TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI FLORIDA,

City & State
 MIAMI FLORIDA.

4. FEI Number **65-0784104**

Applied For
 Not Applicable

Zip Country
 33178 USA

Zip Country
 33178 USA

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

DE SOUZA RODRIGUES, MARIA A
~~10295 COLLINS AVE~~
~~#627-N~~
~~BARHARBOR FL 33154~~

Name _____
 Street Address (P.O. Box Number is Not Acceptable)
 4652 NW 94TH COURT
 City **MIAMI** **FL** Zip Code **33178**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DE SOUZA RODRIGUES, MARIA T	
STREET ADDRESS	10295 COLLINS AVE #627-N	
CITY-ST-ZIP	BALHARBOUR FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4652 NW 94TH COURT	
CITY-ST-ZIP	MIAMI FL, 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **DATE** **Daytime Phone #**

CR2E034 (9/99)