

# 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 <del>10295 COLLINS AVE</del> <del>#627-N</del> <del>BARHARBOR FL 33154</del>	Mailing Address <del>10295 COLLINS AVE</del> <del>#627-N</del> <del>BARHARBOR FL 33154-1404</del>
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2. Principal Place of Business <b>4652 NW 94TH COURT</b>	3. Mailing Address <b>4652 NW 94TH COURT</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>MIAMI FLORIDA,</b>	City & State <b>MIAMI FLORIDA.</b>
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Zip <b>33178</b>	Country <b>USA</b>	Zip <b>33178</b>	Country <b>USA</b>
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4. FEI Number <b>65-0784104</b>	Applied For <input type="checkbox"/> Not Applicable
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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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE SOUZA RODRIGUES, MARIA T</b> <del>10295 COLLINS AVE #627-N</del> <del>BALHARBOUR FL 33154</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4652 NW 94TH COURT</b> <b>MIAMI FL, 33178</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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** **DATE** **Daytime Phone #**

CR2E034 (9/99)