

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093437

1. Entity Name
RRC-ASAP PHLEBOTOMY, INC.

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

03-15-2000 90136 038 ***150.00

Principal Place of Business
4743 NW 9TH DRIVE
BLDG L
PLANTATION FL 33317

Mailing Address
4230 NW 21ST STREET
SUITE 235
LAUDERHILL FL 33313-3657

00034200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
654 SIESTA Key Circle
Suite, Apt. #, etc.
#2615

3. Mailing Address
654 SIESTA Key Circle
Suite, Apt. #, etc.
#2615

City & State
DEERFIELD BEACH FL

City & State
DEERFIELD BEACH FL

Zip
33441

Country
Broward

Zip
33441

Country
Broward

4. FEI Number 65-0790922

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEVONE, RETHA
4743 NW 9TH DRIVE
BLDG L
PLANTATION FL 33317

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
654 SIESTA KEY CIRCLE #2615
City
DEERFIELD BEACH FL Zip Code
33441

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 Retha Devone Inc. DATE 3/6/00
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DEVONE, RETHA 4743 NW 9TH DRIVE, BLDG L PLANTATION FL 33317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 654 SIESTA Key Circle #2615 DEERFIELD BEACH FL 33441
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Retha Devone Inc. Date 3/6/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)