

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

098000002204

1. Entity Name

Richard G.P., Inc.

FILED

00 NOV 29 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

8770 Sunset Dr., #282  
Miami, FL 33173

2. Principal Place of Business

3. Mailing Address

8770 Sunset Dr.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

282

"

City & State

City & State

Miami, FL 33173

"

Zip

Country

Zip

Country

33173

USA

"

"

4. FEI Number

Applied For

65-0378951

Not Applicable

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

Elizabeth K. Richard  
8770 Sunset Dr., #282  
Miami, FL 33173

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

*E. Richard*

10/31/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
Berta Merhige  
4600 Santa Maria  
Coral Gables, FL 33146  
Director ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Steve Nadekow  
8770 Sunset Dr., #282  
Miami, FL 33173  
Director ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Renee Pasquarella  
9046 Bird Rd.  
Miami, FL 33165  
Director ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Elizabeth Richard  
Same Above  
Director ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
9000003492989-4  
-12/11/00-010200-01  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**KE**

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 #

*E. Richard*

10/31/00

CR2E034 (5/00)