

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90008 028 ***150.00

DOCUMENT # P98000021924

1. Entity Name
RALF SCHOLLER COMMUNICATIONS, INC.

Principal Place of Business

1410 W 24TH ST
MIAMI BCH FL 33140

Mailing Address

1410 W 24TH ST
MIAMI BCH FL 33140

2. Principal Place of Business

1300 COLLINS AVENUE

Suite, Apt. #, etc.

702

City & State

MIAMI, FL

Zip

33139

Country

USA

3. Mailing Address

1300 COLLINS AVENUE

Suite, Apt. #, etc.

702

City & State

MIAMI, FL

Zip

33139

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2096197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

1410 W 24TH ST

MIAMI BCH FL 33140

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

City

PALM BEACH

FL

Zip Code
33424

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 *Barbara A. Burke*

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

4-23-02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **D** ☐ Delete
NAME **SCHOLLER, RALF**
STREET ADDRESS **1410 W 24TH ST**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE **D** ☒ Delete
NAME **PETZOLD, HANS ULRICH**
STREET ADDRESS **1410 W 24TH ST**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SCHOLLER RALF** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1300 COLLINS AVENUE, APT 702**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE **JOJO DOMENFEO** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1300 COLLINS AVENUE, APT 206**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

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

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

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

TITLE ☐ Change ☐ 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 REQUIRED

SCHOLLER RALF

305 624 6471

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)