

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047383

1. Entity Name

R&L NARINE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90098 039 ***150.00

Principal Place of Business

Mailing Address

1253 UNIVERSITY DR.
CORAL SPRINGS FL 33071

1253 UNIVERSITY DR.
CORAL SPRINGS FL 33071-8313

2. Principal Place of Business

840 N.W. 72nd Ave

Suite, Apt. #, etc.

3. Mailing Address

840 N.W. 72nd Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

65-0839201

Applied For

Not Applicable

Zip

33317

Country

U.S.A.

Zip

33317

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NARINE, ROBERT
1253 UNIVERSITY DR.
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

ROBERT C. NARINE

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

840 N.W. 72nd Ave

City

PLANTATION

FL

Zip Code

33317

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

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	P	<input type="checkbox"/> Delete
NAME	NARINE, ROBERT C	
STREET ADDRESS	840 N.W. 72ND AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NARINE, LAKHASWRIE	
STREET ADDRESS	840 N.W. 72ND AVENUE	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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CITY-ST-ZIP		
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:

ROBERT C. NARINE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/00
Date

954-587-2205
Daytime Phone #