FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90353 019 ***150.00

DOCUMENT # P98000051267

1. Entity Name
RAYGARD ENTERPRISES OF SOUTH FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11891 US HWY 1
Suite, Apt. #, etc.
101
City & State
N. PALM BEACH FL
Zip
33408
Country
PALM BEACH

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0814601
Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent
Name
ROBERT J. GARDNER, CPA
Street Address (P.O. Box Number is Not Acceptable)
11891 US HWY 1
STE 101
City
N. PALM BEACH FL
Zip Code
33408

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $500.00
Amended UBR is $61.25
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	PRES
NAME	RENALDI RUGGIERO
STREET ADDRESS	197 SIENA OAKS CIR W
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald J. Ruggiero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)