

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90129 034 \*\*\*150.00

DOCUMENT # **P98000058045**

1. Entity Name

**RAL-MEL GROUP, INC.**

Principal Place of Business

Mailing Address

**11860 Northwest 32 Manor Sunrise FL 33323**

**11860 Northwest 32 Manor Sunrise FL 33323**

2. Principal Place of Business

**5150 Royal Palm Bch Blvd**

Suite, Apt. #, etc.

3. Mailing Address

**5150 Royal Palm Bch Blvd**

Suite, Apt. #, etc.

City & State

**Royal Palm Bch FL**

City & State

**Royal Palm Bch FL**

Zip

**33411**

Country

**USA**

Zip

**33411**

Country

**USA**

4. FEI Number

**65-0855475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Heinemann, Gary**  
**11860 Northwest 32 Manor**  
**Sunrise FL 33323**

Name

**Heinemann, Gary**

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

**5150 Royal Palm Beach Blvd**

City

**Royal Palm Beach**

FL

Zip Code

**33411**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **Heinemann, Gary**  
CITY-ST-ZIP **11860 NW 32 Manor Sunrise FL 33323**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Heinemann, Gary**  
CITY-ST-ZIP **5150 Royal Palm Bch Blvd Royal Palm Bch FL 33411**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **Heinemann, George Anne**  
CITY-ST-ZIP **11860 NW 32 Manor Sunrise FL 33323**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Heinemann, George Anne**  
CITY-ST-ZIP **5150 Royal Palm Bch Blvd Royal Palm Bch FL 33411**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

**George Anne M. Heinemann Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**George Anne M. Heinemann**

**4-16-01 561-784-0504**

Date

Daytime Phone #

CR2E034 (11/00)