

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000059297**

1. Entity Name

R.A.I. PROPERTY INC.**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90371 033 ***150.00

Principal Place of Business

Mailing Address

**4309 GULDSTREAM RD
LAKE WORTH FL 33461
US****4309 GULDSTREAM RD
LAKE WORTH FL 33461
US****80015568**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846410Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROLFO, IRMA
4309 GULFSTREAM RD
LAKE WORTH FL 33461**

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

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 State10. 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 **ROLFO, IRMA**
CITY-ST-ZIP **5154 WOODSTONE CR. E.
LAKE WORTH FL 33463**TITLE ☒ Change ☐ Delete
NAME **D**
STREET ADDRESS **ROLFO, IRMA**
CITY-ST-ZIP **4309 GULFSTREAM RD
LAKE WORTH FL 33461**TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROLFO, ALBERTO**
CITY-ST-ZIP **5154 WOODSTONE CR. E.
LAKE WORTH FL 33463**TITLE ☒ Change ☐ Delete
NAME **D**
STREET ADDRESS **ROLFO, ALBERTO**
CITY-ST-ZIP **4309 GULFSTREAM RD
LAKE WORTH FL 33461**TITLE ☐ Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

S. Rolfo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2000 561 4329