

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 016 ***150.00

DOCUMENT # P98000063019

1. Entity Name

RHINO LAMINATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

20840 Boca Ridge Dr N.

Suite, Apt. #, etc.

3. Mailing Address

20840 Boca Ridge Dr N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0853627

Applied For

Not Applicable

Zip

33428

Country

USA

Zip

33428

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
NEIL BRAILE

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

20840 Boca Ridge Dr N.

City

Boca Raton FL

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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

Neil Braille
Signature, typed or printed name of registered agent, signable if applicable

NEIL BRAILE

(NOTE: Registered Agent signature required when reinstating)

4-22-02

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 \$550.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
NEIL BRAILE
20840 Boca Ridge Dr N
Boca Raton FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SECRETARY / TREASURER
LOIS BRAILE
20840 Boca Ridge Dr N.
Boca Raton FL 33428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

Neil Braille
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Neil Braille

Date

4/22/02

Daytime Phone #

561 451-2449

CR2E034B (12/01)