

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

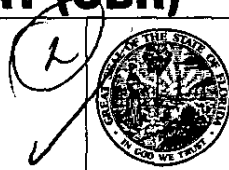
FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90110 038 ***150.00

0163818 PF

DOCUMENT # P98000063019

1. Entity Name
RHINO LAMINATES INC.



Principal Place of Business
**20840 BOCA RIDGE ROAD
BOCA RATON FL 33428
US**

Mailing Address
**20840 BOCA RIDGE ROAD
BOCA RATON FL 33428
US**



2. Principal Place of Business

3. Mailing Address

20840 Boca Ridge Drive N

20840 Boca Ridge Drive N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-0853627**

Applied For
Not Applicable

Zip

Country

Zip

Country

33428

33428

Pacific Beach

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

**BRAILLE, NEIL
20840 BOCA RIDGE DRIVE NORTH
BOCA RATON FL 33428**

Name **Neil H Braille**

Street Address (P.O. Box Number is Not Acceptable)
20840 Boca Ridge Drive North

Boca Raton FL

FL

Zip Code
33428

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Neil H Braille**

9/2/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **MALLET, SHARI**
STREET ADDRESS **6676 CONARY PALM CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33433**

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

TITLE **P** ☐ Delete
NAME **BRAILLE, NEIL**
STREET ADDRESS **20840 BOCA RIDGE DRIVE NORTH**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **ST** ☐ Delete
NAME **BRAILLE, LOIS**
STREET ADDRESS **20840 BOCA RIDGE DRIVE NORTH**
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Neil H Braille**

9/2/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80144313
P98000063019

RHINO LAMINATES INC.
20840 BOCA RIDGE DRIVE N
BOCA RATON, FL 33428

September 2, 2003

Florida Department of State
PO Box 1500
Tallahassee, FL 32302-1500

RE: 65-0853627 - Document #P98000063019

Enclosed please find check for \$150.00. We did not receive filing notice prior to this notice. This is the first notification to file we received this year.

Thanks you for your consideration.

Very truly yours,



Neil Braile
President