

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90095 010 ***150.00

DOCUMENT # P98000071898

1. Entity Name
RALPHY'S SERVICES, INC.

Principal Place of Business
 3199 FOXCROFT RD., APT. 106
 MIRAMAR FL 33025

Mailing Address
 3199 FOXCROFT RD., APT. 106
 MIRAMAR FL 33025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3256 NW 105 Ave

Suite, Apt. #, etc.

3. Mailing Address

3256 NW 105 Ave

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number 65-0860825

Applied For

Not Applicable

Zip

Country

33351

Zip

Country

33351

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

LILAVOIS, RALPH
 3199 FOXCROFT RD., APT. 106
 MIRAMAR FL 33025

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

4-24-02

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, 2002 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 P ☐ Delete
NAME LILAVOIS, RALPH
STREET ADDRESS 3199 FOXCROFT RD #106
CITY-ST-ZIP MIRAMAR FL 33025

TITLE P ☒ Change ☐ Addition
NAME LILAVOIS, RALPH
STREET ADDRESS 3256 NW 105 Ave
CITY-ST-ZIP Sunrise FL 33351

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 954-298-0383

Date

Daytime Phone #

CR2E034 (9/01)