

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074077

1. Entity Name

RALPH REALTY CORPORATION

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90122 024 ***150.00

Principal Place of Business

2050 CORAL WAY
STE ~~200~~ 208
MIAMI FL 33145

Mailing Address

2050 CORAL WAY
STE ~~200~~ 208
MIAMI FL 33145-2634

2. Principal Place of Business

SUITE # 208
Suite, Apt. #, etc.
2050 CORAL WAY

3. Mailing Address

2050 CORAL WAY
Suite, Apt. #, etc.
SUITE # 208

City & State

MIAMI, FL 33145

City & State

MIAMI, FL 33145

Zip

Country

U.S.A.

Zip

Country

U.S.A.

4. FEI Number

65-0859361

Applied For

Not Applicable

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

JENSEN, RALPH
2645 S BAYSHORE DRIVE #2003
COCONUT GROVE FL 33133

Name

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

SAME

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 Irrevocable
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 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 JENSEN, RALPH
CITY-ST-ZIP 2645 S BAYSHORE DRIVE #2003
COCONUT GROVE FL 33133

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
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)