

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006655

1. Entity Name

RHINOSON, INC.

Principal Place of Business

Mailing Address

767 STATE ROAD 7, SUITE 7  
MARGATE FL 33067

767 STATE ROAD 7, SUITE 7  
MARGATE FL 33068-2822

2. Principal Place of Business

767 SOUTH STATE RD 7

Suite, Apt. #, etc.

SUITE-7

City & State

MARGATE, FL

Zip

33068

Country  
USA

3. Mailing Address

767 SOUTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE-7

City & State

MARGATE, FL

Zip

33068

Country  
USA

FILED  
May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90014 001 \*\*\*150.00

05-12-2000 90014 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0890503

Applied For

Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

767 SOUTH STATE ROAD 7, STE-7

City

MARGATE, FL

FL

Zip Code  
33068

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 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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZPATRICK, BRAD		NAME	
STREET ADDRESS	767 STATE ROAD 7, SUITE 7		STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL 33067		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME	
			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME	
			STREET ADDRESS	
			CITY-ST-ZIP	
		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME	
			STREET ADDRESS	
			CITY-ST-ZIP	

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: *Brad Fitzpatrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 (954)979-8800

Date

Daytime Phone #