

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90005 025 ***150.00

DOCUMENT # P99000011763

1. Entity Name

RSRL CORPORATION INC.

Principal Place of Business

Mailing Address

**10295 N TAMiami TRAIL
NAPLES FL 34104**

**10295 N TAMiami TRAIL
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

10295 N-Tamiami Trail

10295 N-Tamiami Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Naples

City & State

City & State

FL

Naples

34108

Zip

Country

Zip

Country

34108

USA

FL

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMTAHUL, RAWLE
10295 N TAMiami TRAIL
NAPLES FL 34104**

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, type or printed name of registered agent and date if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

3/31/02

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, 2001 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 **RAMTAHAL, RAWLE**
STREET ADDRESS **10295 TAMiami TRAIL N**
CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **VP** ☐ Delete
NAME **RAMTAHAL, SHERRY**
STREET ADDRESS **7685 TARA CIRCLE**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE ☐ Delete
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CITY-ST-ZIP ☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

Date

Daytime Phone #

Rawle Ramtahal

Rawle Ramtahal

3/31/02 941-513-9779

CR2E034 (10/00)