

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012141

1. Entity Name
RNFA INC.

Principal Place of Business
521 N RIVERSIDE DR #702
POMPANO BACH FL 33062

Mailing Address
521 N RIVERSIDE DR #702
POMPANO BACH FL 33062-4725

2. Principal Place of Business
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent

BABCOCK, KATHRYN L
521 N RIVERSIDE DR #702
POMPANO BACH FL 33062

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: *Kathryn L Babcock*

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

DATE

04-11-00

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

TITLE NAME
Kathryn Babcock
STREET ADDRESS
521. N. Riverside Drive #702
CITY-ST-ZIP
Pompano Beach, FL 33062

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE NAME
STREET ADDRESS
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 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: *Kathryn L Babcock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-00

954-784-911



DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2120244

Applied For

Not Applicable

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

\$8.75 Additional Fee Required

Additional Fee Required