

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90205 026 \*\*\*150.00

**DOCUMENT # P99000030532**

**1. Entity Name**  
**RALI FL, INC.**

**Principal Place of Business**

**%725 N. MAGNOLIA AVE.**  
**ORLANDO FL 32803**

**Mailing Address**

**%725 N. MAGNOLIA AVE.**  
**ORLANDO FL 32803**

**2. Principal Place of Business**

**Same →**

**3. Mailing Address**

**1516 E. Hillcrest St.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**Suite 305**

**City & State**

**City & State**

**Orlando, Florida**

**Zip**

**Country**

**Zip**

**Country**

**32803**

**USA**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-3584819**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SWIREN, L B**  
**%725 N. MAGNOLIA AVE.**  
**ORLANDO FL 32803**

**7. Name and Address of New Registered Agent**

**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

**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**

**TITLE** **D** ☐ Delete  
**NAME** **HEYLBROECK, ALBERT**  
**STREET ADDRESS** **5745 AUTEUIL**  
**CITY-ST-ZIP** **BROSSARD, QUEBEC CA J4-Z1M6**

**TITLE** **D** ☐ Delete  
**NAME** **LAPORTE, LISETTE**  
**STREET ADDRESS** **5745 AUTEUIL**  
**CITY-ST-ZIP** **BROSSARD, QUEBEC CA J4-Z1-6**

**TITLE** **D** ☐ Delete  
**NAME** **TROTTIER, ROBERT**  
**STREET ADDRESS** **81 TODOUSSAC**  
**CITY-ST-ZIP** **AYLMER, QUEBEC CA J9-J2M9**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**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 another like empowered.**

**SIGNATURE:**

**Lisette Laporte** **Lisette Laporte** **April 19, 2002 (45) 676 0671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)