

9/13/00-90056-048-\$550.00-\$550.00

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 AM 9:33

BU106453



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000030593**

1. Entity Name  
**RAFAEL FILIPPELLI, INC.**

Principal Place of Business  
**2158 POLO GARDENS DRIVE #203 WELLINGTON FL 33414**

Mailing Address  
**2158 POLO GARDENS DRIVE #203 WELLINGTON FL 33414**

2. Principal Place of Business  
**17831 ORANGE GROVE BLVD.**

3. Mailing Address  
**SAME AS #2**

Suite, Apt. #, etc.

City & State  
**LOXAHATCHEE FLORIDA**

City & State

Zip  
**33470**

Country  
**PALM BEACH**

4. FEI Number  
**65-0887108**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FILIPPELLI, RAFAEL  
2158 POLO GARDENS DRIVE #203  
WELLINGTON FL 33414**

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 \_\_\_\_\_ (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.  **FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>RAFAEL FILIPPELLI</b>	
STREET ADDRESS <b>17831 ORANGE GROVE BLVD.</b>	
CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
TITLE <b>VICE PRESIDENT</b>	<input type="checkbox"/> Delete
NAME <b>RAFAEL FILIPPELLI</b>	
STREET ADDRESS <b>SAME ABOVE</b>	
CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME <b>RAFAEL FILIPPELLI</b>	
STREET ADDRESS <b>SAME ABOVE</b>	
CITY-ST-ZIP	
TITLE <b>TREASURER</b>	<input type="checkbox"/> Delete
NAME <b>RAFAEL FILIPPELLI</b>	
STREET ADDRESS <b>SAME ABOVE</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Rafael Filippelli **RAFAEL FILIPPELLI** 9/8/00 561 798 4726  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

014 15000