

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90174 049 ***150.00

DOCUMENT # P99000035555

1. Entity Name
RP BILLING CORP.

Principal Place of Business
831 EAST ATLANTIC PARK ROAD
BOCA RATON FL 33432

Mailing Address
8320 NW 52 ST
LAUDERHILL FL 33351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
500 NE SPANISH RIVER BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

16

City & State
BOCA RATON, FL

City & State

4. FEI Number **65-0913532**

Applied For

Not Applicable

Zip
33431

Country
PALM BCH

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBENSTEIN, LAWRENCE
8320 NW 52 ST
LAUDERHILL FL 33351

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PSTD
NAME
RUBENSTEIN, LAWRENCE
STREET ADDRESS
8320 NW 52 ST
CITY-ST-ZIP
LAUDERHILL FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02 (561) 368-1551

CR2E034 (9/01)