

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039173

1. Entity Name

RAPTURE HOLDINGS, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90046 012 ***150.00

Principal Place of Business	Mailing Address
C/O STEARNS WEAVER MILLER ET AL 200 E BROWARD BLVD. SUITE #100 FT LAUDERDALE FL 33301	C/O STEARNS WEAVER MILLER ET AL 200 E BROWARD BLVD. SUITE #100 FT LAUDERDALE FL 33301-1945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1700 N Dixie Hwy	1700 N Dixie Hwy
Suite, Apt. #, etc. Suite #103	Suite, Apt. #, etc. Suite #103
City & State Boca Raton, Florida	City & State Boca Raton, Florida
Zip 33432	Country US

4. FEI Number 65-0918354	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WEISS, LORI~~
~~C/O STEARNS WEAVER MILLER ET AL~~
~~200 E BROWARD BLVD, SUITE #100~~
~~FT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name
Robert L. Simmons

Street Address (P.O. Box Number is Not Acceptable)
1700 North Dixie Highway, #103

City
Boca Raton

FL Zip Code
33432

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 3/2/2000

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert L. Simmons
As its President

Date 3/2/2000 Daytime Phone # 561-362-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)