## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## FILED DOCUMENT # P99000062148 May 03, 2000 8:00 am Secretary of State RAFMAR ENTERPRISES, INC. 05-03-2000 90025 016 \*\*\*163.75 Principal Place of Business Mailing Address 5732 CANTON COVE 5732 CANTON COVE WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708-5079 2. Principal Place of Business 3. Mailing Address 5703 RED BUG LAKE RD. 5703 RED BUG LAKE RO. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PMB 102 PMB 102 Applied For City & State City & State 4. FEI Number 59-359 2273 WINTER SPRINGS Not Applicable \$8.75 Additional 5. Certificate of Status Desired 32708 32708 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIULIANO SOUTH, J. TODD ESQ. Street Address (P.O. Box Number is Not Acceptable) MILLER, SOUTH & DI MASI, P.A. 2699 LEE RD., STE. 120 WINTER PARK FL 32789 WINTER SPRINGS 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D PRESIDENT Addition TITLE TITLE Delete GIULIANO, VINCENZO NAME VINCENZO GIULIANO NAME STREET ADDRESS 4835 COVERED BRIDGE RD. STREET ADDRESS 5732 CANTON COVE CITY-ST-ZIP CITY-ST-ZIP MILLVILLE NJ 08332 WINTER SPRINGS 32708 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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