

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90224 044 \*\*\*150.00

**DOCUMENT # P99000062767**

1. Entity Name  
**RASSER REALTY, INC.**



Principal Place of Business  
**499 EAST PALMETTO PARK ROAD #223  
BOCA RATON FL 33432**

Mailing Address  
**C/O CRIAN CYNN CAA  
2 S UNIVERSITY DR #215  
FORT LAUDERDALE FL 33324**



2. Principal Place of Business

**333 W Camino Garden Blvd  
Suite, Apt. #, etc.  
203**

3. Mailing Address

**333 W Camino Garden Blvd  
Suite, Apt. #, etc.  
203**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton FL**  
Zip  
**33432**  
Country  
**USA**

City & State  
**Boca Raton FL**  
Zip  
**33432**  
Country  
**FL**

4. FEI Number **65-0935898**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RASSER, PATRICIA A  
3548 N.E. FIFTH DR.  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **RASSER, PATRICIA A**  
Street Address (P.O. Box Number is Not Acceptable)  
**333 W Camino Garden Blvd  
Suite 203**  
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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

**PATRICIA A. RASSER President FEB 13 03**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RASSER, PATRICIA A 499 EAST PALMETTO PARK ROAD #223 BOCA RATON FL 33432</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD RASSER, PATRICIA A 333 W Camino Gardens Blvd Suite 203 Boca Raton FL 33432</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 13 03**  
Date **561-362-9048** Daytime Phone

CR2E034 (10/02)