

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 02, 2001 8:00 am**  
**Secretary of State**

07-02-2001 90001 038 \*\*\*558.75

**DOCUMENT # P99000064937**

1. Entity Name  
**RAZGAVOR, INC.**

Principal Place of Business      Mailing Address  
**1215 FIRST ST**      **PO BOX 822**  
**KEY WEST FL 33040**      **KEY WEST FL 33040**

**554330**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**235 NW 4th Diagonal**      **235 NW 4th Diagonal**

City & State      City & State  
**BOCA RATON FL**      **BOCA RATON FL**

4. FEI Number **94-3358398**      Applied For  
 Not Applicable

Zip      Country      Zip      Country  
**33432**      **USA**      **33432**      **USA**

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

6. Name and Address of Current Registered Agent  
**HENNING, SCOTT P**  
**1215 FIRST STREET**  
**KEY WEST FL 33040**

7. Name and Address of New Registered Agent  
 Name **HENNING, Scot P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**235 NW 4th Diagonal**  
 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 **27 Jun 01**  
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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HENNING, SCOT P</b> <b>1215 FIRST ST</b> <b>KEY WEST FL 33040</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS</b> <b>HENNING, ALEXANDER I</b> <b>1215 FIRST ST</b> <b>KEY WEST FL 33040</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>HENNING, SCOT P.</b> <b>235 NW 4th Diagonal</b> <b>BOCA RATON FL 33432</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS</b> <b>HENNING, ALEXANDRA I.</b> <b>235 NW 4th Diagonal</b> <b>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

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:      DATE **27 Jun 01**      Daytime Phone # **(561)395-0516**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)