

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

**1215 FIRST ST
 KEY WEST FL 33040**

Mailing Address

**PO BOX 822
 KEY WEST FL 33040**

554330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
235 NW 4th Diagonal

City & State
BOCA RATON FL

Zip
33432

Country
USA

3. Mailing Address

Suite, Apt. #, etc.
235 NW 4th Diagonal

City & State
BOCA RATON FL

Zip
33432

Country
USA

4. FEI Number **94-3358398**

Applied For
 Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

27 Jun 01
 DATE

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 **DP** ☐ Delete
 NAME **HENNING, SCOT P**
 STREET ADDRESS **1215 FIRST ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **DVTS** ☐ Delete
 NAME **HENNING, ALEXANDER I**
 STREET ADDRESS **1215 FIRST ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **HENNING, SCOT P.**
 STREET ADDRESS **235 NW 4th Diagonal**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **DVTS** ☒ Change ☐ Addition
 NAME **HENNING, ALEXANDRA I.**
 STREET ADDRESS **235 NW 4th Diagonal**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
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 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 changed, or on an attachment with an address, with all other like empowered.

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

27 Jun 01 **(561) 395-0516**
 Date Daytime Phone #

CR2E034 (10/00)