2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State P99000071273 DOCUMENT # 1. Entity Name 04-11-2002 90006 012 ***150.00 RKR ENTERPRISES 88, INC. Principal Place of Business Mailing Address 10904 DIXON DR 10904 DIXON DR. RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3592108 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 11. Change CR2E034 (9/01 TITLE Addition TITLE ☐ Delete ROVINSKY ROSELINU NAME NAME ROVINSKY, ROSELIND K 10904 DIXON DRIVE STREET ADDRESS 111 NORTH VALRICO ROAD, SUITE 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF RIVERVIEW. FL 33569 VALRICO FL 33594 TITLE Change ☐ Addition ☐ Delete TITLE ROVINSKY, RICHARD 10904 DIXON ORIVE NAME NAME ROVINSKY, RICHARD T STREET ADDRESS 111 NORTH VALRICO ROAD, SUITE 1 STREET ADDRESS RIVERVIEW, FL 33569 CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 chapted for an attachment with an entriess, with all other like empowered.

SIGNATURE:

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