

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90057 015 ***150.00

0145995 AV

DOCUMENT # P99000082429

1. Entity Name

R F SAYWELL INC.

Principal Place of Business

**3700 NORTH 29TH AVE
 UNIT 101
 HOLLYWOOD FL 33020**

Mailing Address

**3700 NORTH 29TH AVE
 UNIT 101
 HOLLYWOOD FL 33020**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0950107

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ALVAREZ, RALPH
 3700 NORTH 29TH AVENUE
 UNIT 101
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

MARCUS KEANE

Street Address (P.O. Box Number is Not Acceptable)

3700 NORTH 29TH AVENUE

UNIT 101

City

Hollywood

FL

Zip Code

33020

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.

Marcus Keane

(NOTE: Registered Agent signature required when reinstating)

DATE

18 April 02

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, 2002 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 **P** ☐ Delete
 NAME **LEONARD, PETER L**
 STREET ADDRESS **AVIATION HOUSE, WOODS WAY**
 CITY-ST-ZIP **WEST SUSSEX, ENGLAND**

TITLE **VPFO** ☒ Delete
 NAME **ALVAREZ, RALPH**
 STREET ADDRESS **3700 N 29TH AVE #101**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VPSO** ☐ Delete
 NAME **KEANE, MARCUS B.**
 STREET ADDRESS **3700 N 29TH AVE #101**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

CR2E034 (9/01)

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 in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS KEANE

Date

Daytime Phone #

18 April 02 954 383 2249