

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED

May 02, 2000 8:00 am
Secretary of State

02-29-2000 90188 012 ***150.00

DOCUMENT # P99000090323

1. Entity Name

RIG&L, INC.

Principal Place of Business

Mailing Address

MARATHON LANE
FT. LAUDERDALE FL 33312

2418 MARATHON LANE
FT. LAUDERDALE FL 33312-4610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0565321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IZQUIERDO, MANUEL A
9970 N.W. 27TH TERRACE
MIAMI FL 33172

Name

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

City

FL

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

Ken Lapham

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAPHAM, KEN	
STREET ADDRESS	2418 MARATHON LANE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IZQUIERDO, MANUEL	
STREET ADDRESS	9970 N.W. 27TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LUIS	
STREET ADDRESS	13451 S.W. 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GARCIA-PONS, GABRIEL	
STREET ADDRESS	17304 S.W. 149TH PLACE	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: X

Kenneth W. Lapham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-15-00

Date

X 954 792-8216

Daytime Phone #

CR2E034 (9/99)