

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

024606 AV

DOCUMENT # P99000094746

1. Entity Name  
RAPHAEL PUBLISHING INC.



FILED

03 MAY 20 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
220 71ST STREET SUITE 213  
MIAMI BEACH FL 33141

Mailing Address  
220 71ST STREET SUITE 213  
MIAMI BEACH FL 33141

2. Principal Place of Business

12000 BISCAYNE BLVD  
SUITE 507

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0957511

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CHIARATO, UGO V CPA  
220 71ST STREET  
SUITE 213  
MIAMI BEACH FL 33141

UGO V. CHIARATO  
CERTIFIED PUBLIC ACCOUNTANT  
FLORIDA AND NEW YORK STATE  
12000 BISCAYNE BLVD., SUITE 507  
MIAMI, FL 33181

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD  
NAME VITALE, ANTONIO  
STREET ADDRESS 220 71ST STREET SUITE 213  
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE  
NAME SUITE 507  
STREET ADDRESS 300019565613  
CITY-ST-ZIP 05/20/03--01022--007 \*\*2911.25

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED FOR A

04/27/2003 (305) 899.5099

CR2E034 (10/02)