

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S21156**

1. Entity Name
LAW OFFICES OF RICHARD S. RACHLIN, P.A.

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90058 049 ***150.00

Principal Place of Business
**712 US HWY 1
SUITE 400
N PALM BEACH FL 33408
US**

Mailing Address
**712 US HWY 1
SUITE 400
N PALM BEACH FL 33408
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0239716

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

7. Name and Address of New Registered Agent

**KAMMERER, CHRISTOPHER W
SUITE 400
712 US HIGHWAY 1
NORTH PALM BEACH FL 33408**

Name
RICHARD S. RACHLIN
Street Address (P.O. Box Number is Not Acceptable)
**712 U.S. HIGHWAY ONE
SUITE 400
NORTH PALM BEACH FL 33408**

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)

DATE

2/1/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **RACHLIN, RICHARD S**
STREET ADDRESS **712 US HWY 1, STE 400**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

2/1/02

Date

561/844-3600

Daytime Phone #

CR2E034 (9/01)