

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88766

1. Entity Name

RAY'S PLACE, INC.

Principal Place of Business

924 NORTHLAKE BLVD  
LAKE PARK FL 33408  
US

Mailing Address

924 NORTH LAKE BLVD  
LAKE PARK FL 33408-5226  
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1447 10<sup>th</sup> ST.

Suite, Apt. #, etc.

City & State

LAKE PARK, FL.

Zip

Country

Zip

33403

Country

USA

4. FEI Number

65-0291260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COOPER, SHERRY L.  
535 E INDIANTOWN RD  
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name MEROLA, JAMES R. ESQ.

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

11380 PROSPERITY FARMS RD. SUITE 204

City PALM BEACH GARDENS FL

Zip Code 33410

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

James R. Merola Esq. JAMES R. MEROLA ESQ 3-15-00

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

TITLE P  
NAME SCHWARTZ, S RAYMOND  
STREET ADDRESS 920 ORANGE DR  
CITY-ST-ZIP LAKE PARK FL

☐ Delete

TITLE V  
NAME PRIMAVERA, DEAN A  
STREET ADDRESS 600 B BRANDYWINE RD  
CITY-ST-ZIP W PALM BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond S. Schwartz RAYMOND S. SCHWARTZ 3-15-00 516-848-0123

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR25024 (9/00)