

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V07796

1. Entity Name

THE RACHIELE GROUP, INC.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90007 022 \*\*\*150.00

Principal Place of Business  
1252 HIBISCUS LANE  
APOPKA FL 32703  
US

Mailing Address  
1252 HIBISCUS LANE  
APOPKA FL 32703-6630  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **NOT APPLICABLE**  
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

BRADFORD, CARTER A.  
512 EAST WASHINGTON STREET  
ORLANDO FL 32801

Name **CARTER A. Bradford**  
Street Address (P.O. Box Number is Not Acceptable)  
**130 HILLCREST Street**  
City **ORLANDO** FL Zip Code **32801**

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 \_\_\_\_\_

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	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHIELE, MARIA		NAME		
STREET ADDRESS	1252 HIBISCUS LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACHIELE, DINO		NAME		
STREET ADDRESS	1252 HIBISCUS LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

**DINO RACHIELE** pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00  
Date

407-869-9469  
Daytime Phone #

CR2E034 (9/99)