2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empor

SIGNATURE:

May 15, 2002 8:00 am Secretary of State DOCUMENT # P01000119274 1. Entity Name 05-15-2002 90124 038 ***150.00 R & N ASSOCIATES WORLDWIDE, INC. Mailing Address Principal Place of Business 11428 SW 109TH ROAD 11428 SW 109TH ROAD MIAMI FL 33176 MIAM! FL 33176 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 30-0007/30 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agents ------Street Address (P.O. Box Number is Not Acceptable) NEUBAUER, RICHARD JR 11428 SW 109TH ROAD MIAMI FL 33176 Zip Code City 8. The above named unity 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change ☐ Delete TITLE DP NAME NAME **NEUBAUER, RICHARD JR** STREET ADDRESS STREET ADDRESS 11428 SW 109TH ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 attempton with an address, with all other like empowered.

FILED