## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jun 19, 2003 8:00 am Secretary of State

1. Entity Nan		OOOO51 RIDA, INC.	3119	D)		06-19-2003 90045 0	009 ***150.00	
Principal Place of Business 3000 STIRLING RD. HOLLYWOOD FL 33021		3000 S	Mailing Address 3000 STIRLING RD, HOLLYWOOD FL 33021					
2. Principal F	Place of Business	3. Maili	3. Mailing Address					
Suite, Apt. #, etc.		Suite	Suite, Apt. #. etc.			CHECK HERE IF MAKING CHANGES		
City & State		City &	City & State		<del></del>	522383 964	Applied For Not Applicable	
Zip Country		Zip		Country		5 Certificate of Status Desired   \$8.7	75 Additional	
	6. Name and Address of Cu	rrent Registered	Agent			7. Name and Address of New Registered Agent		
					Name			
BAUSTEIN, ERNEST					Street Address	(P.O. Box Number is Not Acceptable)		
3000 STIF					<del></del> -	<u></u>		
HOLLYWO	OD FL 33021							
					City	FL Z	ip Code	
	named entity submits this statem tions of registered agent.	ent for the purpo	se of changing its re	gistere	ed office or registe	ered agent, or both, in the State of Florida. I am familia	r with, and accept	
CIONATURE								
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applic	able. (NOTE:	Hegistered	d Agent signature require	ed 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.		AND DIRECTOR	s	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
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NAME	BAUSTEIN, ERNEST			NAME			CR2E034 (100)	
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Thereby decay may the information supplied with this filling does not quality 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:

SUNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-21-03

624-687-3131

Date

Daytime Phone #