

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
 05-08-2000 90158 028 ***158.75

DOCUMENT # P98000057765

1. Entity Name
RISING RHYTHM, INC.

Principal Place of Business Mailing Address
901 NE 125TH ST., SUITE 103 **1521 ALTON ROAD**
NORTH MIAMI FL 33161 **SUITE 129**
 MIAMI BEACH FL 33139-3301
 US

2. Principal Place of Business 3. Mailing Address
65 NE 109 STREET **65 NE 109 STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI SHORES, FL **MIAMI SHORES, FL**

Zip Country Zip Country
33161 **USA** **33161** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BONDY, DARREN W 65 NE 109 STREET MIAMI SHORES FL 33161				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	Zip Code
				FL	

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 *Darren W Bondy* **DARREN W. BONDY** **4/24/00**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE	VICE PRES. THOMAS P NATALE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BONDY, DARREN			NAME			
STREET ADDRESS	65 NE 109 STREET			STREET ADDRESS	11 ISLAND AVE #1908		
CITY-ST-ZIP	MIAMI SHORES FL 33161			CITY-ST-ZIP	MIAMI BEACH, FL 33139		
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			
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			

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 live empowered.

SIGNATURE: *Darren W Bondy* **DARREN W. BONDY** **4/24/00** **305-882-8731**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)