

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90068 015 ****50.00

DOCUMENT # L01000018765

1. Entity Name

RHK & ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O PAUL SCHNEIDER

3. Mailing Address

C/O PAUL SCHNEIDER

Suite, Apt. #, etc.

7860 PETERS RD, F-110

Suite, Apt. #, etc.

7860 PETERS RD, F-110

City & State

PLANTATION, FL

City & State

PLANTATION, FL

Zip

33324

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-1069570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

PAUL F. SCHNEIDER, CPA

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

7860 PETERS RD

F-110

City

PLANTATION

FL

Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable.

PAUL F. SCHNEIDER, CPA

04-29-02

(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) ☐

January 1 - May 1 Fee is \$450.00

After May 1, Fee is \$350.00

Amended UBR is \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
AMERICAN DEVELOPMENTS INTL, INC
C/O SCHNEIDER, 7860 PETERS RD
F-110, PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
H. HELLMUND LLC
C/O SCHNEIDER, 7860 PETERS RD
F-110, PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
SIPECA LLC
C/O SCHNEIDER, 7860 PETERS RD
F-110, PLANTATION, FL 33324

TITLE
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK KOPPEL, MGR

04/29/02 954-474-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #