2002 UNIFORM BUSINESS REPORT (UBR) 350479 **DOCUMENT #** 1. Entity Name RARE BIRD FARM, INC.

FILED Jun 25, 2002 8:00 am Secretary of State 06-25-2002 90449 039 ***550.00

TITLE PD PAUL MAROLF PAUL MAROLF 13101 S. CLAUSA CLUB DR. MIAMI FL VPD LIZETTE MAROLF 13101 S. CALUSA CLUB DR. MIAMI FL VPD LIZETTE MAROLF 13101 S. CALUSA CLUB DR. MIAMI FL TITLE NAME STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS						,	(Y)							
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MAROLF, PAUL 13101 S CALUSA CLUB DR MAMI FL 33188 CPy FL Zip Code 6. 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 9. This corporation is eligible to satisfy its Intangible Tark filing requirement and elects to do so. After May 1, 2002 Fée will be \$550.00 After May 1, 2002 Fée will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME PO PAUL MAROLF SIRET ADDIESS 13101 S. CLAUSA CLUB DR. TIME UZETTE MAROLF 13101 S. CALUSA CLUB DR. TIM		- 6. Name	and Address of Current F	legistered Agent ~				7. Na	arne and Address of New F	Registered				1
Street Address (P.O. Box Number is Not Acceptable)						Name								1
B. 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 primed name of registered agent and tide it application.			Street Address (P.O. Box Number is Not Acceptable)											
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 9. This corporation is eligible to satisfy its Intengible Tax filing requirement and elects to do so. (See criteria or back)	MIAMI FL	33186												
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		Cartify that the	e information supplied with t	his filing does not qualify fo			in Sport	ion 1	19 07/3)/i) Florida Statutos	I further or	ertify that th	ne inform	ation	1

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGE FRICER OR DIRECTOR