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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am DOCUMENT # 361169 **Secretary of State** 1. Entity Name 02-06-2002 90041 035 ***150.00 RENTAL SYSTEMS OF HIALEAH INC Principal Place of Business Mailing Address 12800 NW 7TH AVE 12800 NW 7TH AVE MIAMI FL 33168-2724 MIAMI FL 33168-2724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1291470 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSHING, DERK Street Address (P.O. Box Number is Not Acceptable) 1351 NE 102 ST MIAMIL FL **MIAMI SHORES FL 33138** 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE RUSHING, DERK NAME NAME 1351 NE 102 ST STREET ADDRESS STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP CITY-ST-ZIP **X** Delete Change ☐ Addition TITLE TITLE RUSHING, PATRICIA NAME NAME STREET ADDRESS 10062 SW 56 ST STREET ADDRESS COOPER CITY FL 33314 CITY-ST-ZIP CITY-ST-ZIE Addition TITLE ☐ Delete TITLE Change RUSHING, MIRIAM NAME NAME STREET ADDRESS 1351 NE 102 ST STREET ADDRESS MIAMI SHORES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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

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