

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001061

1. Entity Name
RED MAPLE GROUP, LTD.

Principal Place of Business
3799 RED MAPLE CIRCLE
DELRAY BEACH FL 33445

Mailing Address
3799 RED MAPLE CIRCLE
DELRAY BEACH FL 33445

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

DUE BY SEPTEMBER 26, 2001

4. FEJ Number 65-10a3132 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HCRM CORP.
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date. \$999,488.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P00000064111
NAME RED MAPLE GROUP, INC.
STREET ADDRESS 3799 RED MAPLE CIRCLE
CITY-ST-ZIP DELRAY BEACH FL 33445

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP 200004613902--6
-09/27/01--01062--024
*****8.75 *****8.75

STREET ADDRESS
CITY-ST-ZIP 200004613902--6
-09/27/01--01062--025
*****326.25 *****326.25

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *SIGNATURE REQUIRED*

FILED
01 SEP 25 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (5/01)

STAPLE CHECK HERE