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2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # G70507

1. Entity Name R.J.D. UNLIMITED, INC.				Secretary of State 02-05-2000 90016 031 ***158.75			
Principal Plac	ce of Business	Mailing Address		-			
1		5951 N.W. 151 ST., STE. #108 MIAMI LAKES FL 33014-2445				• •	
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State					
				DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2440478 Applied For Not Applied			
							Zip
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Registe	ered Agent	
5951	RY, RONALD T NW 151 ST., STE. #108 II LAKES FL 33014			s (P.O. B	ox Number is Not Acceptable)		-
			City			FL Zip Ci	
SIGNATURE: 9. This corpo Tax filing r	Signature, typed or printed name of registered agent an orration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!	Registered Agent signature requirements of Section 1981 Proceedings of the Register of Section 1981 Proceedings of	ired when re		. — ++	.00 May Be
11.	OFFICERS AND D		12.		L DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRURY, RONALD T 5951 NW 151 ST., SUITE 108 MIAMI LAKES FL 33014	☐ Delete	NAME STREET ADDRESS GITY-ST-ZIP			☐ Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRURY, JUDITH C 5951 NW 151 ST., SUITE 108 MIAMI-LAKES FL-33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Chang	Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMIPLANES FL 33U14	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 _		☐ Chang	ē Î∏ Ādditi
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Chang	e Additi

13. I hereby certify that the information supplied with this filling 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 relistee 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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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