☐ Change ☐ Addition

561-691-0057

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # H84467  1. Entity Name						FILED			
						Jan 08, 2002 8:00 am Secretary of State			3
RBJ MAI	NAGEMENT	CORPORATION,	INC.				00024 018 ***150		~
Principal Place of Business 9055 ROAN LANE 1875-DELL LANE LAKE PARK FL 33403 US			Mailing Address 9055 ROAN LANE 1875 BELL LANE LAKE PARK FL 33403 US						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt			Suite, Apt. #, etc.	Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State			City & State			54-2052712		Applied For Not Applicable	-
Zip	C	ountry	Zip	Country		5. Certificate of Status Desired	\$8.75 Ac	dditional	1
6. Name and Address of Current Registered Agent						7. Name and Address of New F			1
	LL LANE ALM BEACH FL		ne purpose of changing its r	Cit	431 V RIM B	2.0. Box Number is Not Acceptable  Noodview Circ  Deach Gardens  ed agent, or both, in the State of Fig.	FL Zip Go	418	
		ted name of registered agent and	r		t 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)    After May 1, 200   Make Check Payable				2 Fee will t	be \$550.00 <sup>©</sup>	e 10. Election Campaign Fin Trust Fund Contribution		00 May Be d to Fees	
11.	0.0	OFFICERS AND DIF		12.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JAFFE, RONA 1875 BELL LA WEST PALM E	NE	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	RESS 431 Palm	Woodview Circl Beach Gardens	Ø Change E L 33418	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST JAFFE, BENIT. 1875 BELL LA WEST PALM E	NE	□ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	RESS 431	Woodview Circle Beach Gardens	Change	□ Addition	5
NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAME STREET ADDI CITY-ST-ZIF			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAME STREET ADDR			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDR	I		☐ Change	☐ Addition	

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 of the anaddress, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED AND SOUTH AND SECURED OR DIRECTOR.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP