2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # K49165** May 09, 2000 8:00 am 1. Entity Name RAHN VENTURE VI. INC. Secretary of State 05-09-2000 90081 035 ***150.00 Principal Place of Business Mailing Address 450 E. LAS OLAS BLVD. 450 E. LAS OLAS BLVD. STE. 700 STE. 700 FT LAUDERDALE FL 33301-2223 FT LAUDERDALE FL 33301 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0093225 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARDINA, CAROL J Street Address (P.O. Box Number is Not Acceptable) 450 EAST LAS OLAS BLVD STE. 700 FT LAUDERDALE FL 33301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. **KK**Change PD ☐ Delete TITLE ☐ Addition TITLE ROBERTS, PETER H. NAME NAME STREET ADDRESS STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700 2 Harborage Isle Ft. Lauderdale, CITY-ST-ZIP 33316 CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, JOHN H. NAME NAME STREET ADDRESS STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL X Change ■ Addition TITLE- - ---☐ Delete STIRK, ROBERT J NAME NAME 3231 NW 108th Drive STREET ADDRESS STREET ADDRESS 450 E. LAS OLAS BLVD., STE. 700 CITY-ST-ZIP Coral Springs, FL CITY-ST-ZIP FT. LAUDERDALE FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.

্যান্ত Robert J. Stirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

954-524-5336

Daytime Phone #