2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

Mar 29, 2002 8:00 am Secretary of State DOCUMENT # L01000016280 1. Entity Name 03-29-2002 90801 009 ****55 00 RK-721 ENTERPRISES, LLC Principal Place of Business Mailing Address 9500 SOUTH DADELAND BLVD. 9500 SOUTH DADELAND BLVD. SUITE 550 SUITE 550 MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-1153135 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAIGE, ROBERT E ESQ. Street Address (P.O. Box Number is Not Acceptable) 9500 SOUTH DADELAND BLVD. SUITE 550 MIAMI FL 33156 Zip Code City FI 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Delete TITLE Change ☐ Addition CR2E083 (9/01 TITLE NAME PAIGE, ROBERT E NAME STREET ADDRESS STREET ADDRESS 9500 SOUTH DADELAND BLVD. CITY-ST-ZIP CITY-ST-ZIE <u>Miami FL 33156</u> ☐ Delete TITLE Change Addition TITLE NAME 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-ZIF Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

JRE: SIGNATURE AND TYPES OF PRINTED AND OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

RUBLET & PATHE MONNETH MEMBOR

FILED

Daytime Phone #