

LLC
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 27 AM 11:10

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DOCUMENT # **L02000011660**

1. Entity Name

Rhino Business Development, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5904 Carriage Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
SARASOTA, FL

City & State

4. FEI Number

03-0444466

Applied For

Not Applicable

Zip
34243

Country
MANTEE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Spiegel & Utrera, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

3623 W. Kennedy Blvd.

City **Tampa**

FL

Zip Code
33609

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT MGRM
DONALD CROWLEY
5904 CARRIAGE DRIVE
SARASOTA FL 34243**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**200703143772
05/30/07-01012-001 **100.00**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VICE PRESIDENT MGRM
LEE YANG
100 WINSTON OR APT 11-B-N
CLIFFSIDE PARK NJ 07010**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**600020293936
06/02/03-01014-001 **100.00**

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12. 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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Crowley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28 2007 9413596813
Date Daytime Phone #

CR2034B (12/02)