2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M13356** Feb 02, 2000 8:00 am 1. Entity Name **Secretary of State** RICKENBACK ASSOCIATES, INC. 02-02-2000 90024 015 ***158.75 Mailing Address Principal Place of Business 20335 BISCAYNE BLVD. 20335 BISCAYNE BLVD. STE. #L34 STE. #L34 MIAMI FL 33180 MIAMI FL 33180-1503 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2616032 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name REICHENBACH, ERIC Street Address (P.O. Box Number is Not Acceptable) 19891 NE 24 AVE. **MIAMI FL 33180** Zip Code FL ubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names entity SIGNATUR 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE REICHENBACH, ERIC NAME NAME 20335 BISCAYNE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33180 Addition ☐ Change TITLE TITLE ☐ Delete REICHENBACH, HARRIET NAME NAME STREET ADDRESS 20335 BISCAYNE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33180** Addition ~ '⊡ Delete TITLE ☐ Change TITLE~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 supplied ental/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 truetee 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.

SIGNATURE:

| Comparison |