2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 14, 2003 8:00 am Secretary of State

1/1

1. Entity N	UMENT# NO2000 ame RD BULLDOGS, INC.	003304			VI-10-2003 30100 V	
Principal Place of Business Mailing Address 6320 HANCOCK ROAD 6320 HANCOCK ROAD SOUTHWEST RANCHES FL 33330 SOUTHWEST RANCHES FL		33330		8 007.	216	
2. Principal Place of Business 1008 PINES BOULEVARD 1008 NNES Suite, Apt. #, etc. Suite, Apt. #, etc.			BOULEVARD			
City & State		SUITE A		CHECK HERE IF MAKING CHANGES		
PEMBI	loke knes fl		yes Pl	4. FEI Number 0	3-0441011	Applied For Not Applicable
Zip 35	3024 Country UGA	Zip 33024	Country USA	5. Certificate of Sta		.75 Additional Required
	6: Name and Address of Current F	Registered Agent		7. Name and Addr	ess of New Registered Age	,
GASTESI, RAUL JR.						=
	N.W. 67TH AVENUE		Street Address (P.O. Box Number is Not Acceptable)			
SUITE :	.AKES FL 33014					
			City M1 AM1	LAKES	FL	Zip Code 33016
8. The above the obliga	re named entity submits this statement for ations of registered agent.	the purpose of changing its re	egistered office or registe	red agent, or both, in t	ne State of Florida. I am famil	iar with, and accept
	<u> </u>			٠		·
SIGNATURE	Signature, typed or printed name of registered agent an	d tite if applicable. (NOTE:	Registered Agent signature require	d when reinstating)	DATE	
			21			
i eren	FILE NOW: FEE IS \$61.25	7 - 9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Pa Florida Departme	
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECT	ORS IN 10
TITLE NAME	PD - DIRECTOR FERNANDEZ, ALEX	¹□ Delete	TITLE	,		
STREET ADDRESS	6320 HANCOCK ROAD		NAME STREET ADDRESS			Change Addition (1)
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330		CITY-ST-ZIP			
TITLE Name	FERNANDEZ, LOURDES	☐ Delete '	TITLE NAME	_		Change
STREET ADDRESS	6320 HANCOCK ROAD	•	STREET ADDRESS			1
CITY-ST-ZIP TITLE	VP TRUSTER		CITY-ST-ZIP			
VAME	ACTORIA AMERICA					
	SEDELL, MIKE	Delete	NAME			Change Addition
	11072 BOSTON DRIVE	Delete	NAME STREET ADDRESS	1		Change Addition
CITY-ST-ZIP		Delete	NAME			
TITLE	11072 BOSTON DRIVE	-	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	,		Change Addition
STREET ADDRESS SITY-ST-ZIP TITLE HAME STREET ADDRESS SITY-ST-ZIP	11072 BOSTON DRIVE	-	NAME STREET ADDRESS CITY-ST-ZIP TITLE	,		
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CITY-ST-ZIP TITLE JAME TREET ADDRESS CITY-ST-ZIP TITLE JAME TREET ADDRESS	11072 BOSTON DRIVE COOPER CITY FL 33026	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	्रास्थ्रद्ध ७ १ १		Change Addition
CITY-ST-ZIP TITLE IAME TITREET ADDRESS CITY-ST-ZIP TITLE THEET ADDRESS ITY-ST-ZIP TILE	11072 BOSTON DRIVE COOPER CITY FL 33026	□ Delete □ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	्रास्थ्रद्ध ७ १ १		Change Addition

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 ental report is true anglecurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director trusted empowered this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if address, with all place like empowered. indicated on this report or supple of the corporation or the receiver changed, or on an attachment with

SIGNATURE:

REQUIRED IE OF SIGNING OFFICER OR DIRECTOR