## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2002 8:00 am Secretary of State DOCUMENT # **N9800000179** 1. Entity Name 05-29-2002 90706 050 \*\*\*\*70.00 RHF GULFSTREAM, INC. Principal Place of Business Mailing Address 516 NE 13 STREET 516 NE 13 STREET B0121451 FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0825069 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130 Zip Code 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. TITLE ☐ Delete TITLE (9/01) ☐ Addition NAME Jackson, Robert O NAME STREET ADDRESS 516 NE 13 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 TITLE ☐ Delete TITI F enange ☐ Addition NAME Janton, Stephen R NAME 516 NG 1346 ST. STREET ADDRESS 2825-JEFFERSON-STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133-CITY-ST-7IP TITLE ☐ Delete Addition NAME Capelle, Michael NAME STREET ADDRESS 61 WHITNEY STREET STREET ADDRESS CITY-ST-7IP SAN FRANCISCO GA-04181 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 symplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

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V.A.D. 5/1/2002