

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90099 042 ****61.25

DOCUMENT # N99000004033

1. Entity Name

THE RANDOMIST, INC.

Principal Place of Business

**2015 MADISON ST
SUITE 101
HOLLYWOOD FL 33020
US**

Mailing Address

**2015 MADISON ST
SUITE 101
HOLLYWOOD FL 33020
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0946157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEISERT, RICHARD J ESQ
10800 BISCAYNE BLVD., SUITE 560
NORTH MIAMI FL 33161**

Name

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

City

FL

Zip Code

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)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Delete
NAME **KUENDEL, DRIAN**
STREET ADDRESS **3777 NW 78 AVE #15G**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **SD** ☒ Change ☐ Addition
NAME **MARK BERGER**
STREET ADDRESS **2119 N. 14 AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **PD** ☐ Delete
NAME **LEY, CLIFF R**
STREET ADDRESS **1720 HARRISON ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **PD** ☐ Change ☐ Addition
NAME **CLIFF RAWNSLEY**
STREET ADDRESS **1720 HARRISON ST**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**
CORRECTION TO NAME

TITLE **TD** ☒ Delete
NAME **MAXWELL, LORRAINE**
STREET ADDRESS **2015 MADISON STREET SUITE 101**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **TD** ☒ Change ☐ Addition
NAME **MARIE LDU OWENS**
STREET ADDRESS **2119 N. 14 AVENUE**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE **B** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **BD** ☐ Change ☒ Addition
NAME **BOB MCEG**
STREET ADDRESS **2061 NW 85 AVE**
CITY-ST-ZIP **PEMBROKE PINES, FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED

Secretary

4/28/01 (954) 925-4912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)