2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # \$00000 44439 . Mar 27, 2001 8:00 am 1. Entity Name **Secretary of State** RIMAC INC 03-27-2001 90659 048 ***150.00 Principal Place of Business Mailing Address 1678 5. Congress Au 1678 South Congress AV. PAIM SPrings FL 33461 Palm springs FL 33461 A0038353 2. Principal Place of Business 3. Mailing Address 1678 5. Congress AV. Suite, Apt. #, etc. Congress AV. 1678 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State PAIM Strings Applied For City & State 4. FEI Number 65-100 49 19 SPrings Not Applicable Country \$8.75 Additional 5, Certificate of Status Desired usA· Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICArdo Londono Ricardo Londono Street Address (P.O. Box Number is Not Acceptable 6032 Indian Forest Circle 6032 Indian Forest circle Lake Worth FL 33463 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 <u>3-15-01</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) TITI F ☐ Delete TITLE Change NAME NAME RICArdo Londoño 6032 Indian Forest circle 33463 STREET ADDRESS STREET ADDRESS Lake worth FL V/D/S CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME CArmiña Armel NAME 6032 Indian Forest · Circle STREET ADDRESS STREET ADDRESS Lake worth FL 33463 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE Ricardo-Armel NAME NAME G032 Indian Forest circle LAKE worth FL 33463. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (Change ☐ Addition TITLE ☐ Delete 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. Ricardo Londoño 3-15-01 ruurb SIGNATURE: