SIGNATURE:

## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 29, 2002 8:00 am P00000054030 DOCUMENT # Secretary of State 1. Entity Name R & G TECHNOLOGIES, INC. 01-29-2002 90018 037 \*\*\*150.00 Principal Place of Business Mailing Address 8181 NW 36 ST 8181 NW 36 ST 1009 1009 **MIAMI FL 33166** MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address 8181 NW 36ST 8181 NW 36ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1004 City & State City & State 4. FEI Number Applied For 65-1013579 FLORIDA . MIAMI FLORIDA . MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33166 DADE. DADE . 33166 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RIZZO, ROBERTO RIZZO, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 8181 NW 36ST #1009 8181 NW 36 ST # 1004 **MIAMI FL 33166** Zip Code 33/66 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. 01-11-02 DATE typed or printed name of registered agent and title if applicable. (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD ☐ Delete TITLE RIZZO, ROBERTO RIZZO, ROBERTO NAME NAME 8181 NW 36ST #1009 8181 NW 36 ST # 1004 MIAMI, FL 33166 STREET ADDRESS STREET ADDRESS MIAMI FL 33166 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Change ☐ Addition 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.