2001 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2001 8:00 am DOCUMENT # P00000059668 **Secretary of State** RINO INVESTMENTS, INC. 03-12-2001 90022 009 ***150.00 Principal Place of Business Mailing Address 4029 NORTH WASHINGTON BLVD., SUITE R 4029 NORTH WASHINGTON BLVD., SUITE R SARASOTA FL 34234 SARASOTA FL 34234 728342 2. Principal Place of Business 3. Mailing Address 21715 DEER POINTE CROSSING 21715 DEER POINTE CROSSING Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For BRADENTON 59-3657912 Not Applicable BRANCHTON Country Zip \$8.75 Additional 5. Certificate of Status Desired 3*42*02 MANATEC Fee Required 34202 MANATES 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHAEL W. SPORER SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 21715 DEER POINTE CROSSING **CORAL GABLES FL 33134** City RADEN TON 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. PRESIDENT MICHAELW. SPORER Signature, 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE TITLE ■ Addition ☐ Delete Change SPORER, MICHAEL W NAME SPORER, MICHAEL W NAME 21715 DEER POINTE CROSSING STREET ADDRESS 4029 NORTH WASHINGTON BLVD., SUITE R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 SARASOTA FL 34234 TITLE ☐ Change TITLE ☐ Delete Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CJTY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/5/2001 94/-322-9469

☐ Change

☐ Addition