

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P00000065548*

1. Entity Name

*R.N.B Group INC*

Principal Place of Business

*2810 Shaver Rd Tallahassee FL 32312  
STE 23*

Mailing Address

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

*59-3656421*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

*Awuad Bassam  
1412 Alabama St  
Tallahassee-FL-32304*

Name

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

City

**FL**

Zip Code

## 7. Name and Address of New Registered Agent

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.

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW! FEE IS \$150.00  
After MAY 1, 2011 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution:

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

## 11. OFFICERS AND DIRECTORS

**President**  Delete  
*Awuad Bassam  
1412 Alabama St Tallahassee 32304*

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
**100004137231-8  
-05/04/01--01101--001  
\*\*\*\*150.00 \*\*\*\*150.00**

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete  
TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change  Addition  
**SP**

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.

SIGNATURE: *Awuad Bassam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: **R DIRECTOR**

*5-4-01*

Date

Daytime Phone #

CR2E034 (11/00)