FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P00000079839 R.F. MACHINE TECHNOLOGY, INC. 04-04-2001 90132 032 ***150.00 Principal Place of Business Mailing Address 4600 NORTH OCEAN BLVD., STE, 201 4600 NORTH OCEAN BLVD., STE, 201 **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 2. Principal Place of Business 3. Mailing Address 1500 SW 30th Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 10 4. FEI Number City & State City & State Applied For 65-1038670 Bounton Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joseph Olmeda LAVERY, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 4600 NORTH OCEAN BLVD., STE. 201 **BOYNTON BEACH FL 33435** 3151 JW 14 P) #4 Bounton Beach entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named Joseph Olmeda SIGNATURE typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Delete TITLE TITLE Segen, Russ SEGER, RUSS NAME NAME 1580 sw 30 Ave #10 4600 NORTH OCEAN BLVD., STE. 201 STREET ADDRESS STREET ADDRESS Boynton Beach FL 33426 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Delete TITLE TITLE Joseph Olmeda NAME NAME 500 SW 30 AUE #10 STREET ADDRESS STREET ADDRESS Boynton Beach CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE 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 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 reserver 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.

oseph Olmeda Director 3/29/01