FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all

SIGNATURE

Feb 27, 2002 8:00 am Secretary of State P00000090561 DOCUMENT # 1. Entity Name RDP MANAGEMENT, INC. 02-27-2002 90010 041 ***150.00 Principal Place of Business Mailing Address C/O WILLOW LAKE ESTATES. INC. C/O WILLOW LAKE ESTATES. INC. 41656 285 NE 48TH STREET 285 NE 48TH STREET POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-1067473 Not Applicable Zip Zip Country 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 Name M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD SUITE 107 **BOCA RATON FL 33431** City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. 12. PD TITLE ☐ Addition TITLE ☐ Delete DANCA, REBA NAME NAME STREET ADDRESS 285 NE 48TH STREET STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-7IP TITLE **VPD** ☐ Delete TITLE Change ☐ Addition MILLER, DENISE NAME NAME 285 NE 48TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP STD ☐ Addition TITLE . Delete TITLE Change DANCA, PAMELA NAME NAME STREET ADDRESS STREET ADDRESS 285 NE 48TH STREET CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ 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