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02-12-01 404-5145153 Date Deytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2001 8:00 am DOCUMENT # P00000098298 **Secretary of State** 1. Entity Name R.P. INVESTMENTS INC. 02-21-2001 90029 020 ***158.75 Principal Place of Business Mailing Address 7926 ST. GILES PL. 7926 ST. GILES PL. ORLANDO FL 32835 ORLANDO FL 32835 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELSION 3682297 City & State City & State Applied For Not Applicable Zip Country 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 PAPATERRA, JOSE ROJAS, FRANCISCO J Street Address (P.O. Box Number is Not Acceptable) 7926 ST. GILES PL. ORLANDO FL 32835 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 07-19-01 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE IS \$150.00 --- \$5.00 May Be -10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Dilector. Papaterea, Jose L. 1936 SAINT GIRS PL Orando Kl. 32835 TITLE ☐ Addition Delete ROJAS, HERMES J NAME STREET ADDRESS STREET ADDRESS 7926 ST. GILES PL. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE Delete TITLE ☐ Addition ROJAS, FRANCISCO J NAME NAME STREET ADDRESS STREET ADDRESS 7926 ST. GILES PL. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE C Delete TITLE Change ☐ Addition PAPATERRA, JOSE L NAME STREET ADDRESS STREET ADDRESS 7926 ST. GILES PL. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32835 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE 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 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.