FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19 AM 11:13

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098930

1. Entity Name

R & D NETWORK SERVICES, INC.

Principal Place of Business	Mailing Address
1428 Brickell Avenue Suite 600 Miami, FL 33131	1428 Brickell Avenue Suite 600 Miami, FL 33131

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 651050950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEWART A. MERKIN, ESQ. 444 BRICKELL AVENUE, SUITE 300 MIAMI, FLORIDA 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. (NOTE: 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) ☒

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE D NAME CORRAS, ROBERT STREET ADDRESS 1428 Brickell Ave. #600 CITY-ST-ZIP Miami, FL 33131		☐ Delete	TITLE P/D NAME CORRAS ROBERT STREET ADDRESS 1428 Brickell Ave. #600 CITY-ST-ZIP Miami, FL 33131		☐ Change ☒ Addition
TITLE D NAME ENNAHOU, HASSAN STREET ADDRESS 1428 Brickell Ave..#600 CITY-ST-ZIP Miami, FL 33131		☒ Delete	TITLE S/T NAME CORRAS, ELENA STREET ADDRESS 1428 Brickell Ave. #600 CITY-ST-ZIP Miami, FL 33131		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800004706868--1 -12/05/01--01080--013 *****67.50 *****67.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ Robert Corras, Pres. 11/16/01 305-371-8646