FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am DOCUMENT # P00000100327 Secretary of State R & M INVESTORS GROUP, INC. 02-19-2001 90012 009 ***150.00 Principal Place of Business Mailing Address 9806 NW 80TH AVENUE BAY 12N 9806 NW 80TH AVENUE BAY 12N HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1051065 Not Applicable Zip Ζiρ 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 GONZALEZ, RAUL JR Street Address (P.O. Box Number is Not Acceptable) 9806 NW 80TH AVENUE BAY 12N HIALEAH GARDENS FL 33016 Zip Code FI 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PVST** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME GONZALEZ, RAUL JR STREET ADDRESS STREET ADDRESS 9806 NW 80TH AVENUE BAY 12N CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33016 TITLE ☐ Change ☐ Addition TITLE Delete NAME GONZALEZ, RAUL JR NAME STREET ADDRESS STREET ADDRESS 9806 NW 80TH AVENUE BAY 12N CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL-33016: Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: