2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2001 8:00 am Secretary of State DOCUMENT # P00000101853 1. Entity Name R.D.M. INVESTMENT HOLDINGS, CORP. 05-04-2001 90157 003 ***150.00 Principal Place of Business Mailing Address 6549 SPRING BOTTOM WAY 6549 SPRING BOTTOM WAY **BOCA RATON FL 33433 BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 65-1047886 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PESTANO, ANTOLIN Street Address (P.O. Box Number is Not Acceptable) 7758 NW 44 ST SUNRISE FL 33351. 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change DP Delete TITLE TITLE NAME NAME REYES, JULIO STREET ADDRESS STREET ADDRESS 6549 SPRING BOTTOM WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition Delete TITI F TITLE NAME NAME MORALES, GEORGE STREET ADDRESS STREET ADDRESS 6549 SPRING BOTTOM WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** Delete TITLE TITLE NAME NAME DEPIETTO, COSIMO STREET ADDRESS STREET ADDRESS 6549 SPRING BOTTOM WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DEPIETTO, PELLEGRINO STREET ADDRESS STREET ADDRESS 6549 SPRING BOTTOM WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition TITLE D۷ ☐ Delete TITLE NAME NAME REYES, DAVID STREET ADDRESS STREET ADDRESS 6549 SPRING BOTTOM WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change ☐ Addition ☐ Delete TITLE TITLE D٧ NAME NAME REYES, ESTEBAN STREET ADDRESS STREET ADDRESS 6549 SPRING BOTTOM WAY CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL 33433 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 dustee appowered 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 attachmen with a address, with all other like empowered.

Daytime Phone #

Date