

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 09, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000114954

1. Entity Name
RKM ENTERPRISES GROUP, INC.

Principal Place of Business 16710 NE 9TH AVENUE APT 711 NORTH MIAMI BEACH FL 33162	Mailing Address 16710 NE 9TH AVENUE APT 711 NORTH MIAMI BEACH FL 33162
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2. Principal Place of Business 16710 NE 9TH AVENUE APT 711	3. Mailing Address 16710 NE 9TH AVENUE APT 711
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Suite, Apt. #, etc. APT 711	Suite, Apt. #, etc. APT 711
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City & State NORTH MIAMI BEACH FL	City & State NORTH MIAMI BEACH FL
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Zip 33162	Country US	Zip 33162	Country US
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4. FEI Number 65-1079755	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SANCHELIMA & ASSOCIATES, P.A.
 235 SW LEJEUNE ROAD

MIAMI FL 33134 US

7. Name and Address of New Registered Agent

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 _____ **03/09/2001**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE VS <input type="checkbox"/> Delete	NAME DIGESU KAREN M
STREET ADDRESS 16710 NE 9TH AVENUE APT 711	CITY-ST-ZIP NORTH MIAMI BEACH FL 33162
TITLE PD <input type="checkbox"/> Delete	NAME MOLCHO RONIN
STREET ADDRESS 16710 NE 9TH AVENUE APT 711	CITY-ST-ZIP NORTH MIAMI BEACH FL 33162
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	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: Karen M. DiGesu VS 03/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)