## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 03, 2002 8:00 am Secretary of State DOCUMENT # P01000000032 06-03-2002 91185 039 \*\*\*150.00 Entity Name DUTCH RHYTHAM IMPORTS, INC. Principal Place of Business Mailing Address DUICALUU 107 HICKORY LOOP 107 HICKORY LOOP OCALA FL 34472 OCALA FL 34472 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 NOT APPLICABLE Not Applicable 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 Name BRONCHEL, NICHOLAS Street Address (P.O. Box Number is Not Acceptable) 107 HICKORY LOOP **OCALA FL 34472** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election:Campaign;Financing ->: \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delate TITLE ☐ Addition 900 NAME NAME BRONCHEL, E.R. STREET ADDRESS KANAAISTRAAT 21-3 1054 WX AMSTERDAM STREET ADORESS CR2E034 THE NETHERLANDS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE T'Change \* Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

**FILED**