

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011823

1. Entity Name
R.L.R. CONSULTING, INC.

Principal Place of Business
1124 VAN BUREN STREET
HOLLYWOOD FL 33019

Mailing Address
1124 VAN BUREN STREET
HOLLYWOOD FL 33019

2. Principal Place of Business
1355 Hollywood Blvd.
Suite, Apt. #, etc.

3. Mailing Address
1355 Hollywood Blvd.
Suite, Apt. #, etc.

City & State
Hollywood FLORIDA
Zip 33019

City & State
Hollywood FLORIDA
Zip 33019

4. FEI Number
65-1070686

Applied For
Not Applicable

Country USA

Country USA

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

6. Name and Address of Current Registered Agent

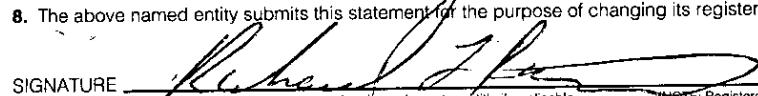
SPIEGEL & UTRERA, P.A.
343 ALMERA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name RICHARD L. RAMION
Street Address (P.O. Box Number is Not Acceptable)
1355 Hollywood Blvd.

City Hollywood FL Zip Code 33019

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 4.27.2002

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, 2002 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 PSTD
NAME RAMION, RICHARD L
STREET ADDRESS 1124 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD FL 33019

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME RICHARD RAMION, L.
STREET ADDRESS 1355 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FLA 33019

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

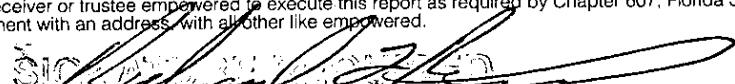
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: 

4.27.2002 (305)3896803
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)