FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91907 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011823

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

Principal Place of Business	Mailing Address
1355 HOLLYWOOD BLVD HOLLYWOOD, FL 33019	1355 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 -

2. Principal Place of Business	3. Mailing Address
200 SOUTH BIRCH ROAD	200 SOUTH BIRCH ROAD
Suite, Apt. #, etc. # 612	Suite, Apt. #, etc. # 612
City & State FT. LAUDERDALE, FL	City & State FT. LAUDERDALE, FL
Zip 33316 Country USA	Zip 33316 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1070686 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

RAMION, RICHARD L
1355 HOLLYWOOD BLVD
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name RAMION, RICHARD L
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BIRCH ROAD
612
City FT. LAUDERDALE FL Zip Code 33316

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD RAMION, RICHARD L 1124 VAN BUREN STREET HOLLYWOOD, FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03 954-347-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #