


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000027574**

1. Entity Name
RKL CONSULTANTS, INC.



FILED

03 MAY 12 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1628 NE 1105+

3. Mailing Address
1628 NE 1105+

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
65-1086468

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

Zip
33161

Country
USA

Zip
33161

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert Rodriguez

Street Address (P.O. Box Number is Not Acceptable)
1628 NE 1105+

City
MIAMI

FL

Zip Code
33161

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  DATE **5-9-03**

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

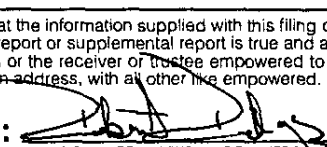
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT RODRIGUEZ 1628 NE 1105 MIAMI FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200017830652 05/01/03--01058--015 **150.00
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-28-03** 305 525-8141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)

7/5/20