2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P01000048186 1. Entity Name 04-29-2002 90206 035 ***158.75 RJL PROPERTIES, INC. Principal Place of Business Mailing Address 2340 SOUTHWEST 27TH AVENUE 2340 SOUTHWEST 27TH AVENUE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country 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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City FŁ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) TITLE ☐ Delete TITLE Change NAME PUDSEY, RICHARD F NAME STREET ADDRESS STREET ADDRESS 2340 SOUTHWEST 27TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 Change ☐ Addition TITLE ☐ Delete TITLE. NAME NAME PHILLIPS, JOHN D STREET ADDRESS STREET ADDRESS 2340 SOUTHWEST 27TH AVENUE CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33312 تين ما تيت ⇒ 🔲 Delete TITLE TITLE Change [Addition NAME ISENBERG, LEE NAME STREET ADDRESS STREET ADDRESS 2340 SOUTHWEST 27TH AVENUE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS 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

2/02
Date Davime Phone #

FILED