Daytime Phone #

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State P01000063517 DOCUMENT # 1. Entity Name 04-11-2002 90003 020 ***150.00 R & D VENTURES, INC. Principal Place of Business Mailing Address 801 MAPLEWOOD DR., STE. 22-A 801 MAPLEWOOD DR., STE, 22-A JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 700 COLUMBIA 700 COLUMBIA Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1135764 TITUSVILLE Not Applicable Zip 32780 Country USA \$8.75 Additional 5. Certificate of Status Desired 32780 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATHEW KAJAN BERROCAL, CARLOS J Street Address (P.O. Box Number is Not Acceptable) 801 MAPLEWOOD DR., STE. 22-A JUPITER FL 33458 DLUMBIA 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. egistered 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. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) MATHEW, RAJAN ☐ Addition TITLE ☐ Delete Change MATTHEWS, RAJAN NAME 700 COLUMBIA BLUD CR2E034 801 MAPLEWOOD DR., STE. 22-A STREET ADDRESS STREET ADDRESS TITUSVILLE FL. 32780 CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP -IIILE™ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME 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