FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91327 002 ***150.00

668199

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071231

1. Entity Name
rhinomite, inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 7522 Wiles Rd	3. Mailing Address: same	
Suite, Apt. #, etc.: B108	Suite, Apt. #, etc.	
City & State: Coral Springs FL	City & State	
Zip: 33067 / Country	Zip / Country	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1123441 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Sylvia miller
Street Address (P.O. Box Number is Not Acceptable): 6363 N.W. 106 Terrace
City: Parkland FL Zip Code: 33076

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President	TITLE	
NAME	Sylvia miller	NAME	
STREET ADDRESS	6363 N.W. 106 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Parkland FL 33076	CITY-ST-ZIP	
TITLE	CEO	TITLE	
NAME	Craig miller	NAME	
STREET ADDRESS	6363 N.W. 106 Terrace	STREET ADDRESS	
CITY-ST-ZIP	Parkland FL 33076	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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

SIGNATURE: x [signature] Sylvia miller 5/1/02 954-345-7896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #