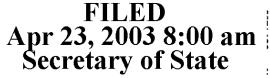
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000084119 DOCUMENT # 1. Entity Name RHYWARD CORP.



04-23-2003 90067 030 \*\*\*150.00

Principal Place of Business 14500 SW 84 CT MIAMI FL 33158				Mailing Address 14500 SW 84 CT MIAMI FL 33158								
2. Principal Place of Business 3. Mailing Address										E.	18111 B1881 1188	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				<b>4.</b> F	El Number 65-11334	 148		pplied For ot Applicable
Zip		Count	гу	Zip Count			try	5. (	Dertificate of Status Desire	ed 🗌	\$8.75 Ad	Iditional
	6. Name	and Add	ress of Current F	egistered Agent			7. N	7. Name and Address of New Registered Agent				
WARD, CHARLES							Name	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		,		
14500 SW 84 CT						~ · · ·	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33158							<del></del>					
							City			FL	Žip Coc	de
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												
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 Trust Fund Contrib			00 May Be d to Fees
10.	3		OFFICERS AND D	IRECTO	RS	11.		AD	DITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	RS IN 11
TITLE	DP OI	140150			☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	WARD, CH 14500 SW			1			ET ADDRESS					
CITY-ST-ZIP	MIAMI FL						ST-ZIP					
TITLE	S				☐ Delete	TITLE					☐ Change	Addition
NAME -	RHYMAUN											
STREET ADDRESS	14500 SW 84 CT MIAMI FL 33158				S							
CITY-ST-ZIP	MIAMI FL	33 138				-	ST-ZIP					
TITLE NAME					☐ Delete	TITLE					☐ Change	☐ Addition
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TITLE					☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS						NAME STREE	T ADDRESS					-
CITY-ST-ZIP							ST-ZIP					}
12. I hereby c	ertify that the	informat	ion supplied with t	his filing o	does not qualify for	the exen	nption state	ed in Section 1	19.07(3)(i), Florida Statut	es. I further cer	tify that the i	nformation

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.