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DOCUMENT # P01000085134 1. Entity Name R.J.D. HOLDINGS, INC.						03 JUL 29 AM 9: 54 LEARNING OF STATE TALLAHASSEE, FLORIDA					
Principal Plac 11043 NW 46T CORAL SPRIN	H DR	s ·	11043	g Address NW 46TH DR L SPRINGS FL 3307	76		address of				
2. Principal P	ipal Place of Business 3. Mailing Address					1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 1991 199 	IDIKI UDIDI INKEL D		11337 8731 183 3		
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & State	6		* City	& State	Contract Carried	··· -	4. FEI Numit	oer 65-1132133		_	oplied For ot Applicable
Zlp		Country	Zip	•	Country		5. Certificati	e of Status Desired		75 Add	
	6. Name	and Address of Current	Registere	d Agent			7. Name en	d Address of New Reg	istered Agen	1	
			3		Narr	A					
DIDIA, RO	REDT I										_
-					Stre	et Address (I	P.O. Box Numb	per is Not Acceptable)			
11043 NW	48TH DR				<u></u>						
CORAL SE	PRINGS FL	33076		•							
	City							FL ⁷	ip Cod	θ	
4 The above	named ontit	y submits this statement fo	the purp	ose of changing its	registered offic	o or rogistor	ad agent or be	oth in the State of Elecia	<u> </u>	or saidle	and arrest
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SIGNATURE .			_								
	Signature, typed	or printed name of registered agent	and title il eppi	icable. (NOT	E: Registered Agent s	onature required	when reinstating)	·	DATE		
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FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00						lection Campaign Finan		\$5.0	O May Be		
•		Fiorida Department o					Tr	ust Fund Contribution.	Ш	Addec	to Fees
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

Di Dia

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Oalete

De Reribera SIGNATURE:

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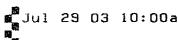
STREET ADDRESS CITY-ST-ZIP

2003 FOR PROFIT CORPORATION

954-755-0790

☐ Change

Addition



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10693 Wiles Road Coral Springs, FL 33076 954-255-3440 954-255-3448 – FAX

July 7, 2003

FLORIDA DEPARTMENT OF REVENUE 5050 W. Tennessee Street

Tallahassee, FL 32399-0125

To Whom It May Concern:

I have just received a notice to file my URB. As this was my first notice I called your office for guidance in this matter. I was advised I should have received a notice in January, which I did not. Being this was my first year in business I wasn't expecting or looking for it. It was suggested to send in the report with a check for \$150.00 and to include this letter of explanation with it. I am requesting you wave the penalty on the basis that I did not receive the original notice in January and was not accustom to looking for it because my business is only a year old.

If you have any questions please do not hesitate to contact me.

Thank You, Pak Mail US 606

Robert DiDia President

Post-it® Fax Note 767	71 Date 7-29 # of pages ▶ 3
TOSHERN TONER	From Bob Didia
Co./Dept.	Co.
Phone #	Phone \$754-755-0790
Fax #850-245-60	