## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 02, 2002 8:00 am Secretary of State P01000091166 DOCUMENT # 1. Entity Name 02-19-2002 90071 023 \*\*\*150.00 REJULF HOLDING CO., INC. Principal Place of Business Mailing Address 5440 N SR 7 STE 223 5440 N SR 7 STE 223 FT LAUDERDALE FL 33319 FT LAUDERDALE FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DONATH, GERALD Street Address (P.O. Box Number is Not Acceptable) 5440 N SR 7 STE 223 FT LAUDERDALE FL 33319 Zip Code 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. Atter May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) ☐ Delete TITLE Change ☐ Addition TITLE FIESTAL, ROBERT NAME NAME CR2E034 STREET ADDRESS 5440 N SR 7 STE 223 STREET ADDRESS FT LAUDERDALE FL 33319 CITY-ST-7IP CITY-ST-7P ☐ Addition ☐ Chance ☐ Delete TITLE TITLE DONATH, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 5440 N SR 7 STE 223 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33319 TITLE ☐ Delete TITLE ☐ Change Addition NAME FEINSTEIN, LEONARD NAME STREET ADDRESS STREET ADDRESS 5440 N SR 7 STE 223 CITY-ST-ZIP FT LAUDERDALE FL 33319 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of trudge, employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the processed of the authority without productions.

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**FILED**