FILED Mar 10, 2003 8:00 am § Secretary of State

03-10-2003 90126 012 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000091166 DOCUMENT #

1. Entity Name



REJULE 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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1155433 Not Applicable Zip Country Zip Country \$8.75 Additional 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 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE (\$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change Addition ☐ Delete NAME FIESTAL, ROBERT NAME STREET ADDRESS 5440 N SR 7 STE 223 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33319 CITY-ST-ZIP TITLE ٧S ☐ Delete TITLE ☐ Change ☐ Addition NAME DONATH, GERALD NAME STREET ADDRESS 5440 N SR 7 STE 223 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33319 CITY-ST-ZIP TITLE ☐ Delete Change SD TITLE Addition NAME NAME: FEINSTEIN, LEONARD STREET ADDRESS STREET ADDRESS 5440 N SR 7 STE 223 CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33319 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

1 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 necessary 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