2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90065 028 ***150.00

Daytime Phone ●

| DOCUMENT # P01000117040 1. Entity Name RUSTEN & PARTNERS, INC. | | | | | | | | 03-28-200 | 3 90065 028 | ***1 | 50.00 | |
|---|--------------------|---------------------------------|--|----------------------|--------------|---|---|---|---------------------------|-------------|------------|-----------------|
| | - | 227 B | Mailing Address 227 BAL BAY DRIVE BAL HARBOUR FL 33154 | | | | TOLUK BAIDI 2004 BOSK OR | (1 80/9 4 4/ 08 4 1/984 1 08 4 | 1 (1 413. § | | | |
| 2. Principal F | Place of Busin | 3. Mail | 3. Mailing Address | | | | | | | KAN TAN TAK | | |
| Suite, Apt. #, etc. | | | . Suite | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | | City | & State | | 4. FEI Number 30-0015550 Applied € . Not Appl | | | plied For t Applicable | <u> </u> | | |
| Zip | Country | | Žip | <u> </u> | | itry | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | Name | 7. Name and | Address of New R | egistered Agent | | | -{ |
| CORPORATION SERVICE COMPANY Street | | | | | | | P.O. Box Numbe | er is Not Acceptable | , | | <u></u> | = |
| 1 | S STREET | | | | | | | | | | | 4 |
| TALLAHA: | SSEE FL 32 | • | | | | | | | | | | |
| | | | | | | City | | | FL Zir | 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 tritle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| EILE, NOW!!! EEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be | | | | | | | | | | | | |
| | | Florida Department o | f State | • | | | Tru | ist Fund Contribution | ، <u>ا</u> ـا | dded | to Fees | 1 |
| 10. | ····· | OFFICERS AND | DIRECTOR | ns | 11. | | ADDITIONS/ | CHANGES TO OFFI | CERS AND DIREC | TORS | (N 11 | ╛. |
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| NAME | RUSTEN, I | MARSHA P | | CT OFISIE | NAMI | į. | | | Ļ VII | aigo | | O |
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| CITY-ST-ZIP | nordib (this) at | | <u></u> | 1000 | ۰ | ST-ZiP | No. 440 0700" |) Florida Orași | Continue and all | | | 1 |
| 12. I hereby certify that the information supplied with this tiling does did qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or suppliemental/report is true and accurate and that my signature shall have the same tegal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee embrywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | |
| SIGNAT | 1105- | SUCMATIL | | | | | 2 - | 29-03 | 305-78 | 6-1 | 6117 | |
| JIGITAI | JUE: _ | SIGNATURE AND TYPED OR P | RINTED NAME | OF SIGNING OFFICER O | A DIRECTO |)A | | Date | Daytime Pho | | | |