

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119430  
 1. Entity Name  
 R & D NETWORKS, INC.

FILED  
 May 03, 2002 8:00 am  
 Secretary of State

05-03-2002 90057 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2151 LEJEUNE ROAD MEZZANINE CORAL GABLES FL 33134-4200	Mailing Address 2151 LEJEUNE ROAD MEZZANINE CORAL GABLES FL 33134-4200
2. Principal Place of Business <i>1101 Biscayne Ave</i> Suite, Apt. #, etc. <i>Ste 1802</i>	3. Mailing Address <i>1101 Biscayne Ave</i> Suite, Apt. #, etc. <i>Ste 1802</i>
City & State <i>Miami</i> Zip <i>FL 33131</i>	City & State <i>Miami</i> Zip <i>FL 33131</i>

4. FEI Number <i>33-0993883</i>	Applied For <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <i>\$8.75 Additional Fee Required</i>

6. Name and Address of Current Registered Agent  ARCIA, OMAR J ESQ. 2151 LEJEUNE ROAD MEZZANINE CORAL GABLES FL 33134-4200	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL Zip Code</i>
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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  Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> CORRAS, ROBERT L 6330 SW 114TH STREET MIAMI FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>1101 Biscayne Ave Ste 1802 Miami, FL 33131</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition			

CR2E034 (9/01)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *305*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2002 371-2466  
 Daytime Phone #