## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

05-13-2002 90242 009 \*\*\*150.00

DOCUMENT # P01000119825 R.P. HILTON , INC. 4100 SW 101 AVE 4100 SW 101 AVE 91040 DAVIE, FL 33328 DAVIE, FL 33328 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Fraumber Corrected Applied For City & State City & State 60-0000356 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent BROWN- HOLTON, STACY Name Street Address (P.O. Box Number is Not Acceptable) 456 SAILBOUT CIR WESTON, FL 33326 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. SIGNATURE Signature, typodicri 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 10. Election Campaign Financing **\$5.00** May Bo Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS 11. CR2E034B (12/01 TITLE HILTON, RAY NAME NAME 4100 SW 101 AVE STREET ADDRESS STREET ADDRESS CGY-ST-ZP CITY-ST-ZP DAVIE, FL 33328 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP City-St-Zi2 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City St Zir Citi - Si - Zi TITLE THIF NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-EP CITY-ST-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-ZIP 13. Thereby 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 into and Jurate and the hy 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 trustry. For it is required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other controls of the corporation of the receiver or trustry.

CZ DIRECTOR

Date

Daytime Phone #