KGN/TURF RECHIBED

D ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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

01-15-2003 90198 032 \*\*\*150.00

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|               | R PROFIT CORPORAT<br>BUSINESS REPORT ( |   |
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| DOOLINAENIT " | D0000004040E                           | - |

OCUMENT# P02000042165 1. Entity Name RUACH EQUITY, INC. Principal Place of Business Mailing Address 1900 NW CORPORATE BOULEVARD 1900 NW CORPORATE BOULEVARD SUITE 302E SLITE 302F **BOCA RATON FL 33431 BOCA RATON FL 33431** Principal Place of Business 2034 Roccioun Ca 21034 Rosedawa C Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES ন্যে & State 4.-FEI Number Applied For  $\Omega = a t n$ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BOULEVARD 1500 MIAM! CENTER MIAMI FL 33131 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 (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE'IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Addition WEISS, JEFFREY MARKE NAME 1900 NW CORPORATE BLVD. #302E STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-7IP CITY-ST-7IP THE Delete nn F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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