## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 28, 2003 8:00 am Secretary of State

1. Entity Nan	MENT # P020000 R BLENDING INC.	053760			7	04-28-2003 918	44 015 ***1	50.00
Principal Place 5223 MADISC HOLLYWOOD	Mailing Address 5223 MADISON STREET HOLLYWOOD, FL 3302				10001204			
2. Principal F	3. Mailing Address			-				
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	te	City & State	City & State			El Number 02-06/0795	<del></del>	oplied For ot Applicable
Zip	Country Zip		Country		5. C	entificate of Status Desired	\$8.75 Add Fee Require	lanoitic ed
	6. Name and Address of Co	rrent Registered Agent			7. N	ame and Address of New Register	Ad Agent	
GASTON, F			Name					
5223 MADISON STREET HOLLYWOOD, FL 33021				Street Address (P.O. Box Number is Not Acceptable)				
, ,				City		F	Zip Cod	le
8. The above	tions of regristered agent.	1 Sails				ent, or both, in the State of Florida. I a	am familiar with,	and accept
to strong and deligation of the strong and the stro	Signature, typed or printed name of register	bullayent and the if applicable. (NO)	TE: Reystare.	Agentsiynaturk requir	red when rei	ristating) DA1	<u> </u>	
Afte	FILE NOW!!! FEE IS:\$1560 r May 1, 2003 Fee will be \$55 k Payable to Florida Departi	50.00				Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICER	S AND DIRECTORS	11.		ADO	L DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE NAME	GASTON, RICHARD	☐ Delete	TITLE	:	-		Change	Addition
STREET ADDRESS City-St-2ip	HOLLYWOOD, FL 33021		Ħ	ST-21P				
TITLE NAME STREET ADDRESS		☐ Delete	TOLE NAME STREE				[] Change	☐ Addition
CITY-ST-ZIP			CITY-	ST-ZiP				
THILE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE		<del></del>	<del></del>	Change	Addition
CITY-ST-2P		☐ Delete	CITY-	ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		_ were	NAME STREE				~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	8				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	2				Change	☐ Addition
12. I hereby indicated of the col changed	certify that the information supplied on this report or supplemental reporation or the receiver or truffer, or on an attachment with award.	ed with this filing does not qualify for eport is true and accurate and that e empowered to execute this repor- tress, with all other like empowered	or the exer my signati t as requir	mption stated in Sure shall have the red by Chapter 6	Section 1 e same le 07, Florid	19.07(3Xi), Florida Statutes. I further egal effect as if made under oath; that a Statutes; and that my name appear	certify that the it it I am an officer its in Block 10 or	nformation or director r Block 11 if