

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90122 041 ***150.00

DOCUMENT # P02000062874

1. Entity Name
ROUSSEAU HAYS GROUP, INC.



Principal Place of Business
**4976 SW 75 AVE
MIAMI, FL 33155**

Mailing Address
**4976 SW 75 AVE
MIAMI, FL 33155**

2. Principal Place of Business
14823 SW 74th PL
Suite, Apt. #, etc.

3. Mailing Address
14823 SW 74th PL.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33150 Country
USA

City & State
MIAMI FL
Zip
33150 Country
USA

4. FEI Number
01-0717980

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G
218 ALMERIA AVE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when amending)

DATE

FILED DOWN: FEE IS \$150.00
After May 1, 2003 Fee will be \$50.00
Make Check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROUSSEAU, JOSEPH 4976 SW 75 AVE MIAMI, FL 33155	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, TODD 14823 SW 74 PLACE MIAMI, FL 33158	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT N. HAYS 4120 SUNSHINE ROAD MIAMI, FL 33133	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-03 305 799-5111

CR2E034 (10/02)