FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90198 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080961

1. Entity Name
RDA MANAGEMENT, INC.

10062899

Principal Place of Business	Mailing Address
3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436	3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12380 Sunnydale Dr. Suite, Apt. #, etc.	12380 Sunnydale Dr. Suite, Apt. #, etc.
City & State: Wellington, Fl.	City & State: Wellington, Fl.
Zip: 33414 Country:	Zip: 33414 Country:

4. FEI Number: 01-0732136 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMATO, DANIEL
~~3880 MAX PLACE, #103~~ 12380 Sunnydale Dr.
~~BOYNTON BEACH, FL 33436~~ Wellington, Fl. 33414

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: Holly Amato 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2003 Fee Will be $550.00 Make Checks Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMATO, DANIEL 3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Amato, Daniel 12380 Sunnydale Dr. Wellington, Fl. 33414 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AMATO, HOLLY 3880 MAX PLACE, #103 BOYNTON BEACH, FL 33436 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Holly Amato 12380 Sunnydale Dr. Wellington, Fl. 33414 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Holly Amato 4-1-03 561-315-7041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #