FILED
Jun 12, 2003 8:00 am
Secretary of State
04-28-2003 91495 037 ***100.00
06-12-2003 90006 002 ****50.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000095050 (L)

1. Entity Name
RIKAMAR DEVELOPMENT, INC.

[redacted]

Principal Place of Business	Mailing Address
16830 NW 82ND AVENUE MIAMI LAKES FL 33016	16830 NW 82ND AVENUE MIAMI LAKES FL 33016

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16830 NW 82 AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES, FL	City & State
Zip: 33016 Country: DADE	Zip Country

4. FEI Number 06-1651759 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, PABLO JR. 16830 NW 82ND AVENUE MIAMI LAKES FL 33016	Name: PABLO R. RODRIGUEZ JR Street Address (P.O. Box Number is Not Acceptable): 16830 NW 82 AVE City: MIAMI LAKES FL Zip Code: 33016

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, PABLO JR. 16830 NW 82ND AVENUE MIAMI LAKES FL 33016	☐ 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: Pablo Rodriguez Jr. President RE REQUIRED — 305-821-8022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #