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03 SEP 26 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000106619

1. Entity Name
RAB SERVICES INC.

Principal Place of Business
~~3967 S.W. 139TH AVE~~
~~DAVIE, FL 33330~~
2157 Opa Locka Blvd
Opa Locka Fl 33054

Mailing Address
3967 S.W. 139TH AVE
DAVIE, FL 33330

2. Principal Place of Business: 2157 OPA LOCKA BLVD
Suite, Apt. #, etc.:
City & State: Opa Locka Fl
Zip: 33054
Country: Dade

3. Mailing Address:
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3086478 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BOSTIC, JAMES A
3967 S.W. 139 AVE
DAVIE, FL 33330

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 ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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	PT ROBINSON, WILLIAM 3967 SW 139 AVE. DAVIE', FL 33330 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William Robinson, PRES 3967 SW 139 AVENUE DAVIE, FLORIDA 33330 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BOSTIC, JAMES A 3467 SW 139 AVE. DAVIE, FL 33330 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JAMES A. BOSTIC, V.P.-SEC. 3967 SW 139 AVENUE DAVIE, FL. 33330 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LAWYER STANLEY, TREAS 5130 MADISON STREET Hollywood, FL 33021-7128 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400023365724 09/26/03--01070--004 **61.25 ☐ 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

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: [signature] — 9-22-03 — 954/483-7173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[initials] 5/25