FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 91007 039 ***150.00

2003	FOR	PROFIT	CORPORAT	ION
UNIFO	RM I	BUSINES	S REPORT ((UBR)

	1111 OIZIN DOOIIIE	<u> </u>	7	/	J U3-U1-ZU	J3 91007 039 ***:	"150.00
	MENT # P02000109	707					
1. Entity Nan RED SQL	JARE GROUP, INC.						
Principal Plac	e of Business	Mailing Address			1		
320 188TH STREET 320 188TH STREET SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL		22150					
JOHN! ISLES	DEACH, FE 33100	SURMI ISLES BEACH, FL	33100				
2. Principal P	Place of Business	3. Mailing Address					
2. Principal Place of Business 3. Mailing Address 16500 Collins Ave		16500 Collins	s Ave				
/		Suite, Apt., #, etc.			IF MAKING CHANGE	S T	
City & Stat	le / > 1 -	City & State		1 (1	4. FELNumber	221717	Applied For
Sunny J	Later Beach, FC Country	SUNDY ISLES	Be A		06-1653313	7	Not Applicable
33/60	Country	33/60	ÇODIN	· y	5. Certificate of Status Desired	□ \$8.75 A Fee Requi	
6. Name and Address of Current Registered Agent Name					7. Name and Address of New	Registered Agent	
SHAPIRO, IRA R							 -
SUITE 225				Street Address ((P.O. Box Number is Not Acceptab	e) 	
NORTH MIA	AMI BEACH, FL 33162						
Į				City		FL Zp Co)d e
	named entity submits this statement follows of registered agent.	or the purpose of changing its	registere	a office or register	red agent, or both, in the State of F	orida. I am familiar wit	h, and accept
÷	nons or registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Reustere	Agent signature requirer	d whan winstaling)	DATE	
	FILE NOWILL FEE IS \$150,00				9. Election Campaign Fi	nancina CE	00 May Bo
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department				Trust Fund Contributi		ed to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
TITLE	D	☐ Delete	TITLE	1		Change	☐ Addition
NAME STREET ADDRESS	FRANZ, YANA 320 188TH STREET		NAME STREE	1 ADDRESS			Addition
CITY-ST-2P SUNNY ISLES BEACH, FL 33160			CUA-	ST -21P			
TITLE NAME	D FELDMAN, GREGORY	Delete	TITLE NAME	1		☐ Change	Addition
STREET ADDRESS	320 188TH STREET		1	T ADDRESS			
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 3316			ST-ZIP			
TITLE NAME		Delete	1/1LE NAME			Change	☐ Addition
STREET ADDRESS			51 REE	T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	•		ji ji	1 ADDRESS		\circ	
CITY-ST-ZP		☐ Delete	TITLE	ST -2IP .		Change	☐ Addition
NAME		_ Other	NAME				
STREET ADDRESS CITY-ST-ZIP			4	TADORESS ST-2IP			
TITLE		☐ Delete	TITLE		<u> </u>	☐ Change	☐ Addition
NAME			NAME	1		_ •	
STREET ADDRESS City-S1-21P		•	1	T ADDRESS ST - 21P			+
12. I hereby o	i certify that the information supplied with	this filing does not qualify for	r the exen	nption stated in Se	ction 119.07(3)(i), Florida Statutes.	I further certify that the	information
of the cor	ion this report or supplemental report is portation or the receiver or trustee employees and test of the supplemental report is an address.	owered to execute this report	as require	ire shall have the s ed by Chapter 607	same legal effect as if made under 7, Florida Statutes; and that my nan	oath; that I am an office le appears in Block 10	er or director or Block 11 if
çnangeo	, or on an attachment with an address,	O a Comertike empowered	•		1/5-/22		ł
SIGNAT	TURE: Y June	~~~			<u> </u>		