## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 NOV 18 PM 2: 42 P02000 112555 DOCUMENT # TALLAHASSEE, FLORIDA 1. Entity Name MRF 9 GREENS DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4853 S.W. 132 4853 SIW. 132 AVE Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For UIAn Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE CR2E034B (12/02) TITLE 800024917798 11/21/03-01015-016 \*\*150.00 NAME NAME RMA MCC LOWD STREET ADDRESS STREET ADDRESS 14853 S.W. 132 AVE CITY-ST-ZIP CITY: ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered. SIGNATURE:

FILED

MR. JAY KASSEES
DIRECTOR
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE 17L 32314

DEAR MR. KASSEES:

THIS CORNESPONDENCE IS IN REFERENCE
TO MY BUSINESS PARAPISE TURF &
GREENS, IENC. IFT HAS RECENTLY
COME TO MY ATTENTION THAT THE
ATTACHED DOCUMENT IS PAST DUE.

I NEVER RECEIVED ANY UNIFORM
BUSINESS REQUEST FROM THE DEPT.

OF STATE. I AM REQUESTING YOUR
ASSISTANCE, I HAVE ATTACHED A
CHECK AND THE DOWNLOADED FORM.

I APPRECIATE YOUR ASSISTANCE IN HELPING ME TO RESOLVE THIS. MATTER.

SINCERELY

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