2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P92000002231** May 08, 2000 8:00 am Secretary of State R GROUP INTERNATIONAL, INC. 05-08-2000 90099 039 ***158.75 Mailing Address Principal Place of Business 2321 NW 66TH CT. 2321 NW 66TH CT. SUITE W4 SUITE W4 CAMESVILLE FL 32653 GAINESVILLE FL 32653-1663 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3149614 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KAHN, HENRY J Street Address (P.O. Box Number is Not Acceptable) 7647 NW 36TH AVENUE **GAINESVILLE FL 32606** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE KAHN, HENRY J NAME NAME 2321 NORTHWEST 66TH COURT S-W4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32653 ☐ Addition ☐ Change Delete TITLE TITLE NAME KAHN, DARREN F NAME STREET ADDRESS STREET ADDRESS 2321 NORTHWEST 66TH COURT S-W4 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** ☐ Addition Change TITLE ☐ Delete TITLE KAHN, NOREEN J NAME NAME STREET ADDRESS 2321 NORTHWEST 66TH COURT S-W4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

Delete

☐ Change

Addition