2001 UNIFORM BUSINESS REPCRT (UBR)

May 29, 2001 8:00 am⁵ Secretary of State DOCUMENT # **P92000002231** 05-29-2001 90006 010 ***150.00 R GROUP INTERNATIONAL, INC. Mailing Address Principal Place of Business 2321 NW 66TH CT. 2321 NW 66TH CT. SUITE W4 SUITE W4 GAINESVILLE FL 32653 GAINESVILLE FL 32653 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3149614 Not Applicable Ζίρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHN, HENRY J Street Address (P.O. Box Number is Not Acceptable) 7647 NW 36TH AVENUE **GAINESVILLE FL 32606** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NO1 Registered Agent's gnature 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, 2()1 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 Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change Addition ☐ Delete TITLE TITLE NAME NAME KAHN, HENRY J STREET ADDRESS STREET ADDRESS 2321 NORTHWEST 66TH COURT S-W4 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** Change ☐ Addition TITLE ☐ Delete TITLE KAHN, DARREN F NAME NAME STREET ADDRESS STREET ADDRESS 2321 NORTHWEST 66TH COURT S-W4 CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32653** Change ☐ Addition ST ☐ Delete DILE 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 ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filling 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 it is 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

SIGNATURE:

FILED