

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90101 026 ***150.00

0071368 AV

DOCUMENT # P92000002231

1. Entity Name
R GROUP INTERNATIONAL, INC.



Principal Place of Business
2321 NW 66TH CT.
SUITE W4
GAINESVILLE FL 32653
US

Mailing Address
2321 NW 66TH CT.
SUITE W4
GAINESVILLE FL 32653
US

10034767



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3149614**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHN, HENRY J
7647 NW 36TH AVENUE
GAINESVILLE FL 32606

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	P <input type="checkbox"/> Delete
NAME	KAHN, HENRY J
STREET ADDRESS	2321 NORTHWEST 66TH COURT S-W4
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	V <input type="checkbox"/> Delete
NAME	KAHN, DARREN F
STREET ADDRESS	2321 NORTHWEST 66TH COURT S-W4
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	ST <input type="checkbox"/> Delete
NAME	KAHN, NOREEN J
STREET ADDRESS	2321 NORTHWEST 66TH COURT S-W4
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

5-1-03 352-378-3633
Date Daytime Phone #

CR2E034 (10/02)