1/15/02 95477223333 Daytrine Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014067 1. Entity Name R & R HOLDINGS MANAGEMENT, INC.					Secretary of State 02-13-2002 90172 044 ***150.00			
Principal Place of Business 1701 NW 62ND STREET FORT LAUDERDALE FL 33309 US		Mailing Address 1701 NW 62ND STREET FORT LAUDERDALE FL 33309 US						
2. Principal Place of Business		3. Mailing Address		_			01)11 1001 1001	
=Suite-Apt	#, etc.	Suite; Apt-#?etc:		<u>-</u> -	DO:NOT WRITE IN TH	IS-SPACE	<u>~</u>	
City & State		City & State		4. F	4. FEI Number 65-0401440 Applied For Not Applicable			}
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add	ditional	1
	6. Name and Address of Current R	egistered Agent	<u> </u>	7. N	lame and Address of New Registere			1
1701 NW	ci, robert h 62NS St Erdale FL 33309		Street Ac	170	ox Number is Not Acceptable) 1 NWG2 St derdale	e - FL Zip Cog 333	°09	7
SIGNATURE 9. This corpo Tax filing	e named entity submits this statement for the statement and statement and elects to do so.	d little if applicable. (NOTE	hand A.D. E. Registered Agent signature 11_FEE IS \$150.0 22 Fee will be \$55	one provided when respectively.	,		May Be	
11.	OFFICERS AND D	I	T 12.		DITIONS/CHANGES TO OFFICERS A	NO DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETRUCCI, ROBERT H 2941 NW 112TH AVENUE CORAL SPRINGS FL 33065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADI	DITIONS/CHANGES TO OFFICERS A	Change	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONOPANE, RICHARD A 952 SE 9TH AVE POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	jer.	□ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u> _		☐ Change	Addition	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	rue and accurate and that makered to execute this report a	ny signature shall ha	ive the same le	egal effect as if made under oath; that	I am an officer	or director	

SIGNATURE: Richard A. Bonopawe SIGNATURE AND TYPED OR PRIVED NAME OF SIGNING OFFICER OR DIRECTOR